VOLUME 12 NUMBER 2 ISSN 0707 - 3674

INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The **Bibliotheca Medica Canadiana** is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome.

La **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillant dans les bibliothèques de petite taille et les bibliothèques relativement isolées. Si vous désirez nous soumettre un manuscrit, vous êtes prié de consulter quelques livraisons récentes de la revue pour vous familiariser avec le contenu et le style général recherchés par la rédaction. La rédaction recevra avec plaisir vos questions et observations. Les articles en anglais ou en français sont bienvenus.

Indexed In/Indexé par: **Library and Information Science Abstracts (LISA); Cumulative Index to Nursing and Allied Health Literature (CINAHL).**

A subscription to **Bibliotheca Medica Canadiana** is included with membership in CHLA/ABSC. The subscription rate for non-members is $55 per year.

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PUBLISHING SCHEDULE 1990 - 1991 CALENDRIER DE PUBLICATION:

Deadlines for submission of articles:

volume 12(2) 7 September 1990
volume 12(3) 23 November 1990
volume 12(4) 8 March 1991
volume 13(1) 7 June 1991

La date limite de soumission des articles:

volume 12(2) 7 septembre 1990
volume 12(3) 23 novembre 1990
volume 12(4) 8 mars 1991
volume 13(1) 7 juin 1991

INFORMATION FOR CONTRIBUTORS

MANUSCRIPTS

The editors of **Bibliotheca Medica Canadiana** welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada.

Contributions should be submitted **in duplicate** and the author should retain one copy. Contributions should be **typed double-spaced** and **should not exceed six pages or 2100 words.** Pages should be numbered consecutively in arabic numerals in the top right-hand corner. Articles may be submitted in French or in English but will not be translated by the editors or their associates. Style of writing should conform to acceptable English usage and syntax; slang, jargon, obscure acronyms and/or abbreviations should be avoided. Spelling shall conform to that of the **Oxford English Dictionary**; exceptions shall be at the discretion of the editors. Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

REFERENCES

All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985;132:401-5. Contributors are responsible for the accuracy of their references. Personal communications are not acceptable as references. References to unpublished works shall be given only if obtainable from an address submitted by the contributor.

ILLUSTRATIONS

Any illustrations or tables submitted should be black and white copy camera-ready for print. Illustrations and tables should be clearly identified in arabic numerals and should be well-referenced in the text. Illustrations and tables should include appropriate titles.

AVERTISSEMENT AUX AUTEURS

MANUSCRITS

Les rédacteurs de la **Bibliotheca Medica Canadiana** sont à la recherche de manuscrits ou d'autres renseignements portant sur le vaste domaine de la bibliothéconomie dans le contexte des sciences de la santé. Nous recherchons tout particulièrement des articles relatifs à la situation au Canada et à des thèmes d'actualité.

Les articles devraient être remis **en deux exemplaires** et l'auteur devrait en garder une copie. Les articles devraient être **dactylographiés à double interligne et ne devraient pas dépasser six pages ou 2100 mots.** Prière de numéroter les pages consécutivement en chiffres arabes en haut de la page à droite. Les articles peuvent être remis en français ou en anglais, mais ils ne seront pas traduits par la rédaction ni par les associés de la rédaction. Le style d'expression écrite se conformera à l'usage et à la syntaxe acceptables du français; il est préférable d'éviter l'argot, les sigles et autres abréviations obscures. L'ortographe se conformera à celle du **Robert**; les exceptions à cette règle seront à la discrétion de la rédaction. Les auteurs qui désirent remettre leurs manuscrits sous forme électronique devraient communiquer à l'avance avec la rédaction afin de s'assurer que l'équipement compatible est disponible aux bureaux de la rédaction.

Tout article devrait s'accompagner d'une lettre explicative fournissant les informations suivantes: nom de l'auteur (dactylographié), son titre et lieu de travail, ainsi que tout autre détail que l'auteur jugerait utile à la rédaction.

REFERENCES

Toute référence devrait être citée selon le style dit de Vancouver; voir le **Journal de l'Association médicale canadienne** 1985;132:401-5. Les auteurs sont responsables de l'exactitude de leurs références. Les communications de nature personnelle ne sont pas acceptables comme références. Il ne faut citer une référence à un ouvrage inédit que si ce dernier est disponible à une adresse indiquée par l'auteur.

ILLUSTRATIONS

Les illustrations et les tableaux doivent être en noir et blanc, et prêts à l'impression. Les illustrations et les tableaux doivent être clairement identifiés en chiffres arabes et avoir des renvois clairs dans le corps du texte. Les illustrations et tableaux doivent comporter des titres pertinents.

BIBLIOTHECA MEDICA CANADIANA NEWSGATHERING FORM

The editors welcome news items from members of the Canadian Health Libraries Association, or any news that may be of interest to members. Please feel free to copy this form in any way for submission, and to attach separate sheets for lengthy items.

APPOINTMENTS Who
HONOURS? What
AWARDS? When
Where

PROMOTIONS? Who
MOVES? From
RESIGNATIONS? To
When

SEMINARS? What
WORKSHOPS? When
Where

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PUBLICATIONS? What
BOOK REVIEWS? Where
Citation

ACQUISITIONS? What
GIFTS? Why
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TRIPS? Who
LECTURES? Where
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Why

From:

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BIBLIOTHECA MEDICA CANADIANA

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The **Bibliotheca Medica Canadiana** is published 4 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editor and not the CHLA/ABSC.

Bibliotheca Medica Canadiana est publié 4 fois par année par l'Association des Bibliothèques de la Santé du Canada. Les articles paraissant dans **BMC** expriment l'opinion de leurs auteurs ou de la rédaction et non pas celle de l'Association.

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FROM THE EDITORS

BMC has changed locations once more to another small centre in Southwestern Ontario. As well as finding a new home, our team now includes a librarian working in public health. This seems appropriate with this issue devoted to "Health Information for All".

We would like to thank those who took time to submit their conference presentations for sharing their views with our membership who were unable to attend. Such a large response of material greatly eases the job of new **BMC** editors.

As we prepare our first issue as a team, we would like to acknowledge the excellent service of previous editor Linda Wilcox. You have seen her quality work in previous issues. She has been a great role model and we appreciate her advice and support of our efforts. We look forward to continuing our association with Linda in her new position as **CHLA/ABSC** Continuing Education Co-ordinator. Congratulations!

As well as conference papers, this issue includes a fact sheet on interlibrary loans and electronic mail and a report from a joint **SRCMSL/CHLA** committee on interlibrary loans. As well, there is an update on the new hospital library standards.

We would like to thank all those who submitted their local news. Keep those cards and letters coming!

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PRESIDENT'S MESSAGE

Catherine Quinlan

Director of Libraries
University of Western Ontario
London, Ontario

As you may recall, I ended my last **"President's Message"** encouraging you to stay in touch. Some Board members, as well as Dorothy Davey, The Association's Secretariat, may feel that I should have taken these words more to heart. What I have taken to heart is the theme of our 1991 conference "New Directions".

Since I last wrote, I have taken up the position of Director of Libraries at UWO. This is very much a "new direction" for me since, from the time I graduated with my MLS, I have worked in the field of health sciences librarianship. As with any change, there are a number of new things to learn and surprises to encounter. Certainly the challenges and opportunities of the position have made this new direction a most exciting and rewarding one to explore.

This entailed a move from St. John's , Nfld. to London, Ont. - another "new direction" as I have been steadily moving east for more than a decade - and that too is a change I am enjoying. While London does not have the beautiful ocean views and fresh sea air of the east coast, it does have locally grown fresh produce like peaches. Being back on "the mainland" does have its advantages!

Experiencing so many changes myself has encouraged me to think about the new directions the Association is exploring. As an Association, we have been remarkably busy undertaking initiatives and participating in new ventures to serve both our members and our profession better. For example, during the past 4 years (my tenure on the Board and therefore a time with which I am most familiar) the Association has, among numerous other activities, developed a strategic plan, established the office of the Secretariat, published both the Standards and the Sourcebook documents and produced some significant public relations tools. Every stage of the development of each of these projects required the Association and its members to review and consider their options and the viability of the new direction given the mandate of the Association. I believe that one of our major strengths as an Association lies in our willingness to explore new paths and to determine how opportunities can be used to the best advantage of the Association and its members.

The Board meeting scheduled for October 19 and 20 in Kingston, Ont. is fast approaching and I would like to encourage you to inform any member of the Board or your Chapter executive about any new directions you would like the Association to explore. In my next "Message", I will be describing the activities and recommendations of the Board developed at this meeting and am looking forward to your response. Until then, keep in touch! And yes, I will too.

UN MESSAGE DE LA PRESIDENTE

Catherine Quinlan

Directrice des bibliothèques
University of Western Ontario
London, Ontario

Comme vous vous en rappelez probablement, je terminais mon dernier **"Message de la Présidente"** en vous invitant a demeurer en contact. Dorothy Davey, secrétaire de l'Association, pense probablement que j'aurais du prendre ces paroles plus au sérieux. Ce que j'ai pris au sérieux, c'est le thème de notre conférence de 1991, "Orientations nouvelles".

Depuis ma dernière communication, j'ai accédé au poste de Directrice des bibliothèques, a l'University of Western Ontario. Cela constitue certainement une "direction nouvelle" dans mon cas, puis que, depuis l'obtention de mon diplôme, (M. Bibl.), j'ai travaillé dans le domaine des sciences de la santé. Comme c'est le cas lors de tout changement, il y a des choses nouvelles à apprendre, et l'on rencontre des surprises. Les défis inhérents à ce nouveau poste constituent sans doute pour moi un grand stimulant.

Bien sûr, en acceptant ce nouveau poste, j'ai également du quitter St. Jean, Terre-Veuve, pour m'installer â London,Ontario - une autre "orientation nouvelle", comme j'ai passé dans l'est la dernière -, et ceci constitue aussi un changement apprécié. Bien que London ne jouisse pas de vues splendides sur la mer, ni de l'air vivifiant de la côte est, on y trouve des produits locaux frais, comme les pêches. Le retour â la terre ferme a ses avantages!

Le fait de vivre tous ces changements pour moi-même m'a portée à longer aux orientations nouvelles qu'envisage notre Association. En tant que collectivité, nous nous sommes hautement préoccupé d'entreprendre des projets et de participer à de nouvelles entreprises afin de mieux servir nos membres et notre profession. Par exemple, au cours des quatre dernières an nées (la période de mon mandat au sein du Conseil, donc un temps encore très rapproché), l'Association a développé, entre autres activités, un plan strategique, établi le bureau du Secrétariat, publié les normes ainsi qui le recueil d'archives, et généré d'importants outils de relations publiques. A chaque étage du développement de chacun de ces projets, l'Association et ses membres ont du reviser et reconsidérer les choix et la viabilité des nouvelles orientations, en fonction du mandat de l'Association. Je crois que l'une de nos plus grandes forces réside dans notre volonté collective d'explorer de nouvelles avenues et notre capacité de discerner comment exploiter celles-ci au meilleur profit de l'Association et de ses membres.

La réunion du Conseil prévue pour les 19 et 20 octobre, à Kingston, Ontario, approche à grands pas, et je vous invite a faire connaître aux membres du conseil ou aux personnes impliqués dans votre section régionale toute voie nouvelle dans laquelle vous aimeriez voir l'Association s'engager.

Dans mon prochain "**Message**", je décrirai les activités et les recommandations que le Conseil aura élaborées à notre réunion; j'ai hâte de connaître vos réactions. D'ici là, demeurez en contact! Je ferai de méme.

REPORT FROM THE SRCMSL/CHLA/ABSC COMMITTEE ON INTERLIBRARY LOANS

Donna Dryden

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In 1989 CHLA/ABSC, in response to Recommendation #3 of the Flower Report, initiated the establishment of a joint interlibrary loan committee with representation from CHLA/ABSC, ASTED, CISTI and ACMC/SRCMSL. The recommendation is:

"A Joint SRCMSL/CHLA Committee should be established to study interlibrary loans in the health sciences sector, and to make recommendations on:

a) ways to manage the volume;
b) ways to rationalize costs; and
c) ways to improve delivery time." (pg. 84)

After two exploratory meetings, the Committee agreed that more information on how the interlibrary loan process works - and doesn't work - in Canadian health sciences and hospital libraries was necessary. With the recent increase in CISTI document delivery charges, it is likely that the cost of providing interlibrary loan services will only continue to increase. Many health sciences libraries and hospital libraries depend on CISTI for materials which may well be available closer to home. Should regional resources be explored before a request is sent to CISTI? Should a set of formalized regional interlibrary loan networks be established? How is interlibrary loan service provided in different regions of Canada? What might be done to improve interlibrary loan services?

Because the CHLA/ABSC Chapters are an existing and invaluable national network, it was decided that they should be targeted to provide this information. In January 1990 questionnaires were sent to all chapter presidents with a request that responses be submitted before March 1, 1990. The questions were provided only as a means of starting the discussion at the chapter level. The presidents were encouraged to solicit input from the chapter members and to either submit a summary of responses or have members respond directly to the Committee. Eight chapters (out of fifteen) submitted responses; as well, several individuals responded directly to the Committee. The responses were reviewed and discussed at the April meeting. At that time members of the Joint Interlibrary Loan Committee were: William Maes (CHLA/ABSC), Donna Dryden (CHLA/ABSC), Robert Aubin (ASTED), Kathryn Mikoski (CISTI), Catherine Quinlan (SRCMSL) and Frances Groen (SRCMSL).

The responses indicated that there is a great deal of activity going on at regional and chapter levels, ranging from very formal contractual agreements, such as the Health Sciences Library Consortium in Toronto, to regional union lists and cooperative collection development, to informal arrangements between chapter members. Many specific concerns were identified within each area. Common problems seemed to be how to determine where to

direct requests and turnaround time. On the whole, however, responses were all over the map (literally and figuratively).

The following is a synopsis of the responses and comments.

Question 1: Is increased use of electronic mail, microcomputers, and telefacsimile, as a means of improving ILL services, a viable option for the majority of your chapter members?

- telefacsimile is available at most hospitals
- fax is costly and only used for urgent requests
- reducing turnaround time justifies the cost in most instances
- fax requests are received from outlying hospitals by a regional resource centre
- fax requests and delivery were used between hospital libraries and a health sciences centre
- electronic mail is used for requests to CISTI
- electronic mail is a requirement for participation in one regional network
- electronic mail is used between hospitals in one city
- should be an abbreviated standard script for electronic mail
- small libraries do not have funds for many of these options
- there is difficulty in obtaining ENVOY and fax addresses
- these are all feasible with the proviso that sufficient staff, staff training and equipment are available
- standards and policies need to be developed and maintained

Question 2: What would be the preferred ILL costing structure: eg. (a) fixed charge for each transaction irrespective of amount of photocopying to be done; (b) a minimum charge plus a per page charge; (c) reciprocal charges; (d) other?

- no one method was preferred over another
- free between as many libraries as possible
- fixed charge is simplest
- reciprocal is nice, but who would administer it
- a two tier structure with a lower rate to be charged to libraries within a defined region
- initiate a cost recovery system from users
- no charges within the immediate region
- health sciences libraries often have to adhere to university policies and have little flexibility about what can be charged
- uniform charges might be worth exploring, but this may reduce the flexibility that already exists within regions

Question 3: What are the major obstacles faced by our members with respect to ILL services: eg. finding locations, delivery or turnaround time, costs, ILL procedures of lending libraries, etc?

- insufficient location tools for collections in smaller libraries; using these collections may take some of the burden off the larger collections
- turnaround time needs to be shortened
- standards should be established (regionally or nationally) regarding expected or acceptable turnaround

times, especially for requests that cannot be filled
- recommended uniform turnaround time
- one region has established delivery time guidelines as part to their informal regional network
- locating audio-visual material
- locating health administration journals
- locating new titles
- locating envoy addresses
- interpretation of copyright legislation by different institutions
- limitations to staffing and funding in libraries
- there is a concern that the larger health sciences libraries and CISTI will not be able to handle major increases in requests
- out of date union lists
- locating material in collections not included in the "Canadian Locations of Journals Indexed in Medline"

Question 4: Should CHLA/ABSC in cooperation with the SRCMSL attempt to develop uniform lending and charging practices across the country or develop model contractual agreements to serve as blueprints for regional ILL cooperatives?

- there was general interest in the concept of model contractual agreements
- a regional approach would take into account local arrangements already in place
- CHLA/ABSC should promote the establishment of regional union lists across the country
- should consider whether regional union lists could include public, community college, municipal and provincial government department library collections; may increase the funding base to produce union lists
- regional union lists are most likely going to include clinical, English language journals from Canada, the United States, and the United Kingdom; we then should look to CISTI to provide journals beyond the scope of regional collections
- model contracts may not be necessary
- some networks work well without structured agreements and those arrangements shouldn't be jeopardized
- need to identify and fund additional major resource centres to take the burden off CISTI
- should explore regional resources first before submitting requests to CISTI
- set uniform policies, at least within regions
- formal ILL cooperatives may lead to cooperative collection development
- need to educate hospital administrators about why interlibrary loans cost money which may reduce the labour intensive task of seeking 'no cost' interlibrary loans, ignoring the time taken to do so

Question 5: Should subsidies be available in certain instances, and who should pay for them?

- grants for development and maintenance of regional resource cooperatives should be available
- convince government to support resource sharing to improve services, rather than to reduce costs
- need to take into consideration local and regional variables

- for small institutions during start up
- may have to start charging individuals or departments for ILL
- may not resolve current ILL problems
- in the form of reduced costs; anything to do with patient care
- take advantage of community service funding
- net lenders develop scale of charges for regional and non-regional borrowers

Question 6: In general, what would improve interlibrary loan services for the health sciences community in Canada? How would you suggest the ideas be implemented?

- incorporate all regional union lists; an online product with print or fiche options
- union list of union lists of health sciences journals
- regional cooperatives should be explored by CHLA/ABSC chapters
- adequately staffed and equipped libraries in hospitals
- CISTI to look a titles not held in Canada; especially in the health administration area
- look at demands put on Medical School libraries
- CISTI should return ILL requests for material available in designated areas unless there is an indication that the local region has been searched
- what works in one region may not work in another
- regional cooperation
- attention given to procedures
- address specific problems within regions; either informally through discussion or with a formal agreement
- online access to monographs locations in Canada
- incorporate the union lists from CISTI and National Library
- system similar to the United States with fair prices within regions
- priority given to turnaround time
- explore document delivery options, nationally and regionally
- regional collection development agreements
- hierarchy of borrowing that starts locally, regionally, provincial and then to CISTI or health sciences library outside your immediate region
- improve tools and agreements
- free or reciprocal borrowing between hospitals
- staff, technology, and training to improve library services
- support need to maintain and strengthen HSRC

CONCLUSION

It was clear from the questionnaires that many regions or chapters have already taken steps to address interlibrary loan concerns within their own area. Given the diversity of activities, it seems likely that resolving ILL issues on a regional, not national, basis is the most reasonable approach.

With this in mind, the Committee determined that its role should be one of education, rather than prescription. The objective is to foster a climate whereby libraries in a particular geographic area look within that region to address local issues and develop appropriate means to meets their needs. Among the activities to be considered, three are core to a successful interlibrary loan network: union lists,

policies and procedures, cooperative collection development. Based on brief discussion of some of the responses, the following broad guidelines were identified.

Union lists

- recognize that union lists are dependent on individuals for their accuracy and currency
- determine format (online, paper, fiche)
- determine types of libraries to be included/excluded
- updated regularly with scheduled updates
- determine specificity of holdings information, ie. detail missing issues, broken runs
- publicize availability of union lists through HSRC and/or CHLA/ABSC
- include Envoy addresses and fax numbers

ILL policies and procedures

- establish ILL policies within the region
- expectations of lenders need to be made known; have policies and procedures in place and available to participants / users of the union list
- turnaround time guidelines; procedures in place regarding requests that cannot be filled (eg. 24 hour turnaround)
- cost agreement / reciprocal lending
- strongly urge participating libraries in a region to drop or reduce ILL rates to members within the region

Cooperative collection development

- cooperate with determining retention policies for journals
- designate certain libraries to be responsible for maintaining specific subscriptions within a region
- report withdrawals
- one holder of unique, expensive titles
- determine who will buy new titles

Since its inception in 1989, the membership of the Joint Interlibrary Loan Committee has undergone major changes. Once the dust settles and new members are appointed, more follow-up to the questionnaires should take place. However, it seems clear that discussion at the chapter or regional level should continue in order to share concerns and ideas and to address issues specific to a particular area.

REPORT ON STANDARDS: UPDATE ON CCHFA

Jan Greenwood
CHLA/ABSC / CCHFA Liaison

I am very gratified to report that the response to the approved draft of the CCHFA standards for "Library Services", circulated with the last issue of BMC, has been overwhelmingly positive. By the time you read this the CCHFA 1991 Guides (for acute and longterm care facilities) should be in print. It might be helpful to future revisions if hospital librarians, after reviewing the Guides in their entirety, would forward comments or criticisms that could be shared in this column.

In (late) June CHLA/ABSC was delivered a major setback when it learned, serendipitously, that the newly accredited Education Services standards included "Library Services" as a possible function under Standard I:2. What was really unacceptable was that neither CCHFA nor the Canadian Health Educators Association (CHEA) representative to CCHFA had discussed this possibility with CHLA/ABSC. (The communication process for the Standards Review Project is such that the representative of each National Organization reviews in isolation the standards for his/her service). Furthermore CCHFA had stated publicly that the generic standards could and would not include statements that dictated hierarchical arrangements within health facilities.

On July 5 CHLA/ABSC sent to CCHFA a strong letter of complaint about this lack of due process. As a result of that letter CHLA/ABSC also engaged in further correspondence with the representative of CHEA who was copied on the original letter. On September 10, 1990 Mrs. Elma Heidemann, Assistant Executive Director, CCHFA Standards Program, responded to CHLA/ABSC and referred to the offending standard as follows: "Since receiving your correspondence we have, in fact, removed this item from the Education Services section". Inexplicably Mrs. Heidemann apparently remains puzzled about CHLA/ABSC's reference to a "lack of due process" and requests further clarification. CHLA/ABSC, in responding to this request, has reiterated its previous stance, citing specific instances where we believe CCHFA has not acted in good faith or, indeed, in the spirit of its own National Organizations framework.

At the time of writing CHLA/ABSC remains baffled at a reference by the representative for CHEA to a "CCHFA committee on the standards for Library Services" and has requested clarification from Mrs. Heidemann. Also pending is news about revisions to the standards for mental health and rehabilitation facilities; these were to be undertaken during July, but again CHLA/ABSC has not received any response to its request for guidelines.

Another National Organizations Meeting is scheduled to take place on October 18. I will keep you posted ...

CONTINUING EDUCATION

AIDS TO LEARNING AND REMEMBERING

Linda Wilcox, M.L.S.

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This CE column presents the third in a series of excerpts from the **Teaching and Learning Newsletter** prepared by the Teaching Services Centre at Memorial University of Newfoundland. It is a topic that we can probably all use!

AIDS TO LEARNING AND REMEMBERING*

A major point made by Shimamura (1984) in a paper titled " A Guide for Teaching Mnemonic Skills" is that cognitive and educational psychology have much to offer in developing strategies for efficient learning and memory and that instructors might assist learning and remembering in their students by making them aware of the appropriate facilitative practices. The author outlines some of the basic principles involved in "efficient remembering" and suggests a number of sources for additional information on the subject.

The following summarises much of the content of the article:

> Efficient remembering requires a meaningful organization of information. Contrast a library that places books on the shelf in order of when they were first received with one that categorizes books by subject matter . Building an efficient mental library requires the integration of new information into a well-organized categorizing system. This process has been called "schema" building... and concerns the acquisition, retention, and retrieval of conceptual knowledge. It is an active process that is paramount for efficient learning and retention. To facilitate efficient schema building four principles of memory improvement should be adopted. These are meaningfulness, organization, visualization, and attention.
> (Shimamura, 1984: 163)

The principle of meaningfulness is of critical importance. What is most easily retained is the meaning of new information. As Shimamura (1984: 163) observes, students often complain that they have read a chapter a number of times but still do not understand it, when what they might actually have done was to engage in covert word substitution rather than in reading for meaning. Students need to be advised that it is not important to have dwelt repeatedly

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on every work in a chapter but that it is the meaning extracted from the text which is vital. Furthermore, "active" reading is desirable: the student questions as reading proceeds, reflects upon what has been read, and pauses periodically to review and to make sure that the material has been understood.

Understanding is fostered in part through the active integration of new ideas into existing knowledge. In this regard, the use of analogical comparisons might play a useful role: thinking of analogies helps with the comprehension of new information by comparing it with pre-existing knowledge. Students might therefore be encouraged to summon up parallels already "in their heads". Some caution is necessary, however, since in using analogies there is a tendency to focus on similarities and down-play dissimilarities. Students need to be urged to attend to new elements not contained in the pre-existing knowledge.

Student's attention might be drawn, also, to the usefulness of mnemonic devices for retaining rote information. Many of these employ meaningful content, numbers, words and the like to "carry" rote information relating to names, dates and other such material. The rhyme "Thirty days hath September,..." is one example. Associating the letters of regular words with names or a series of concepts or other material is another (e.g., C.A.V.E. = "Centre for Audio-Visual Education"). Skill in the use of such mnemonic devices is susceptible to deterioration, however, and therefore requires continuous practice.

The second principle of memory - organization - relates to the grouping of information into categories, a process that improves retention by reducing the burden on memory. Shimamura (1984: 163) invites his readers to compare two arrangements of the same sequence of alphabet letters:

1. TVI BMF BIY MCA
2. TV IBM FBI YMCA.

With no change in order, the latter arrangement is easier to remember because the "information" is organised into meaningful categories. The author provides a further illustration:

> The principle of organization may be applied when reading a newspaper or magazine. It is more efficient to organize the facts into a conceptual framework than to remember a smattering of disparate facts. For example, current events may be organized using such categories as national events, international problems, the economy, scientific break-throughs, and entertainment. These categories can act as retrieval clues when recall of the information is desired.
>
> (Shimamura, 1984: 163)

Students, then, might profitably be advised to organize information into categories. They might also be encouraged to organise the categories themselves into some sort of sequence or hierarchy. The erection of such systems improves retrieval of particular pieces of information by providing orderly "pathways" to the desired items.

Visualization, Shimamura's third "principle of memory", involves the use of imagery to aid recall. A simple example is the remembering of a grocery list by

imagining each food item along the route taken to school or work (e.g. bread on the doorstep, eggs cracked on the car window and milk spilled on the office desk). The author emphasizes the importance of "interactive" images - in other words, images in which the item to be remembered is bound up with the object(s) with which it is associated. Thus, the image of a doormat made of bread is more effective than one of bread on the doorstep. Conceivably, a student might be aided in remembering a series of concepts or of historical events by linking them with points of a familiar route, though the devising of "interactive" images might greatly challenge their imagination. Another example of visualization is the placing of items in a mental grid, each item being recalled by associating it with a specific section of the grid.

Attention, the fourth principle of memory, "offers the most benefits" (Shimamura, 1984: 164). The author notes that memory loss might frequently be attributed to a lack of paying attention. Recall may be enhanced through close attention to details of object(s) or situation(s) being examined. Dwelling on such details, including any unique features the subject (s) of our attention might display, is helpful for future recall. So, too, is locating the element of knowledge in a context. Presumably, one might more easily remember that Havana is the capital of Cuba if, one examines the city's spatial location in relation to neighbouring towns, cities and countries, the latter information subsequently providing clues to assist memory.

Also of relevance to students are the following observations:

> One strategy for paying attention during lectures and reading is to reflect upon new information as it is presented. Reflecting upon new information forces one to pay attention to relevant facts and encourages one's mind to be an active participator rather than a passive bystander. Furthermore, it encourages the listener or reader to develop expectations about what major points the speaker or author is trying to convey. Attention can be maintained by keeping in mind the following three questions: (a) what information is relevant to my understanding and interests, (b) do I agree or disagree with the information presented, (c) can I organize this information so that I can relate it to someone (something) else? These strategies emphasize the role of attention in remembering at the time of learning.
>
> (Shimamura, 1984: 165)

It is of course impossible to do justice in a short paper to the vast amount of research regarding memory. Recommended readings for those interested in pursuing the subject more adequately, in order to obtain additional insights with respect to informing students about strategies for remembering more efficiently, include books by Baddeley (1982), Gruneberg, Morris and Sykes (1978), and Higbee (1977).

Certain reservations need to be expressed. As Shimamura (1984): 165) notes, learning and memory can be improved by development of the appropriate techniques but there are no "quick tricks" and in any event the techniques will not guarantee an infallible memory. The point might also be made that the author has drawn his material

from the area of cognitive psychology and that other sub-fields of psychology might offer somewhat different perspective on learning and retention. Again, the view of education as the assimilation of knowledge - or, to be fair to the author, as involving to a large degree the acquisition of information - seems basic to the above discussion of the application of principles of memory, but while such a view might reflect the realities of much university work it will certainly not be acceptable to many instructors.

An interesting question that arises concerns the extent to which the principles discussed above can be employed by instructors themselves in the teaching process. Obvious candidates for implementation include:

1. the organization of material into categories where the nature of the subject matter permits

2. the linking of new material to work already covered by students (e.g., through analogies)

3. the provision of relevant contextual material in which new ideas, concepts or information might be embedded.

4. the highlighting of details or of unique elements that might otherwise escape students' attention

5. the devising of letter combinations to the recall of lists of names, concepts and the like.

Support for some of the ideas mentioned in this paper comes from Schipper (1984), who argues that it is only the learning based on real comprehension and internalization that lasts and has beneficial effects for the student's intellectual development. He explains:

> To internalize knowledge means to think through, that is, to reflect on, any new idea, concept or proposition, in order to digest it, assimilate it, and understand it in its essence. ... If I have learned something new, I integrate it by trying to examine how I might use it in different circumstances, how it can be applied to different uses, how it can help me understand other things and how it might help explain other phenomena.
>
> (Schipper, 1984: 55)

This process cannot be applied to every single bit of information encountered, and students must be encouraged to distinguish what is most important for their own needs and purposes. The method "emphasizes the essential at the expense of the inessentials, and emphasizes depth at the expense of breadth of coverage", stressing the importance of "knowledge discrimination" on the part of the teacher and the student (Schipper, 1984: 56)

It appears that Schipper's view of internalization involves more than Shimamura's notion of assimilation into categories. However, both writers stress the virtues of reflection and the infusion of meaning a prerequisites for learning and retention.

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TEARING DOWN THE WALLS: PROVIDING ACCESS TO LIBRARY DATABASES AND SERVICES

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THE CHALLENGE TO LIBRARIES

The rapidly growing influence of technological developments in the information storage and retrieval field poses both threats and opportunities for libraries. Microcomputers, CD-ROM databases, LANs (local area networks), telecommunications, FAX, integrated library systems, electronic mail, computer assisted learning, full text databases, OSI,TCP/IP, teleconferencing and expert systems are some of the concepts that are becoming an increasingly important aspect of every library's operation. The 1987 joint report of the Association of Canadian Medical Colleges and the Canadian Health Libraries Association Libraries without walls: Blueprint for the future and articles such as Mike Halperin's "Online vs. CD-ROM vs. Onsite: High Volume Searching- Considering the Alternatives" and Mick O'Leary's "Local Online: The Genie is out of the Bottle " typify the discussion of some of the impacts.

The challenge is to take advantage of these developing technologies to meet the changing needs of library users. The threat is to ignore , or not to come to terms with new technologies and to become an irrelevant anachronism in our society.

The paper explores the experiences of one library. The Health Sciences Library of Memorial University of Newfoundland has tried to figuratively "tear down the walls" to improve access to library services for users regardless of their physical location. The challenge is to change the perception of the library from the traditional "place " which was a repository for books and journals to a perception of a service centre which can reach out in a more proactive manner to meet a variety of different needs of users in a dispersed geographical area.

FACTORS AFFECTING "TEARING DOWN THE WALLS"

While their timing is unique to Memorial, these factors are applicable to other, particularly health sciences, libraries.

1. **Library mandate** - the library serves the faulty, students and staff of Memorial University's Faculty of Medicine, Schools of Pharmacy and Nursing and other Memorial University faculty, staff and students as appropriate, as well as the separate General Hospital. As the only major health sciences information resource centre in the province, the library acts as a resource for provincial

**This paper was presented at the 14th annual meeting of the CHLA/ABSC, June 10-13, 1990 in Edmonton Alberta*

health professionals.

2. **User needs** - users are becoming increasingly sophisticated in technology and in searching bibliographic databases on their own and in using computer assisted learning (CAL). Service to certain library user groups, particularly General Hospital staff and off-campus also needed improvement.

3. **Automation situation** - a CLSI turnkey system is used for circulation and the **SPIRES** database management system for technical processing and public access to the catalogue. The CD-ROM bibliographic database system **LASERQUEST** is used for deriving copy for cataloguing and input of original records.

A CD-ROM version of the library catalogue database is used as a backup to the **SPIRES** OPAC. **SPIRES** runs in an IBM mainframe computer environment and provides user friendly access to multiple bibliographic and non-bibliographic databases. Access to **SPIRES** is limited by a lack of sufficient communications equipment to deal with the potential demand.

Since the summer of 1989 six CD-ROM or electronic databases have been available for end user searching: **MEDLINE, Science Citation Index, Drug Information Source, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Current Contents on Diskette-Life Sciences** and **CCINFO.** Response to these databases has been very positive. Subsidized mediated searching of remote databases is also increasing. Recently a genetics research database using CD-ROM has been moved to the library for ease of accessibility.

4. **Systems support staff** - the Health Sciences Library has access to knowledgeable systems and technical support staff to design, implement and maintain a variety of automated systems.

5. **Political factors** - enjoying solid support from the Faculty of Medicine, The Health Sciences Library can propose and implement services which may not be feasible (at that time) for the university library systems as a whole. As well the library is seen as a site for services such as CAL and research databases.

6. **Costs** - while the library has enjoyed good financial support, the development of major projects requiring large sums of capital would be problematic.

7. **Options for accessing databases** - the popularity of end user searching with the CD-ROM and electronic databases within the library indicated the need to increase access. There are three basic options for library based multi-user access to commercial databases:

a. group access to vendors such as **BRS** or **DIALOG**
b. locally mounted databases using mainframe or large mini-computers
c Microcomputer based access using CD-ROM and LAN technology

Memorial was fortunate since **SPIRES** could be used for local mounting of databases and the other options could be purchased as needed

8. **Need for improved communication and document delivery** - Library staff need increased access to electronic mail to

improve internal and external communication and improved document delivery service and access to services such as reference and mediated computer searching.

9. **Integration and rationalization of the library's computing environment** - use of increasingly complex mixture of computer systems and specialized equipment such as laser printers and data communication lines creates difficulties for training staff and under-utilization of expensive equipment.

10. **Technological developments** - 1989 was a year of marked improvements in many areas of technology which are of interest to libraries. LAN technology took great strides with the release of new and improved versions of software by many of the leading LAN companies. Networking of CD-ROM databases became a viable alternative as both the software and the hardware needed to support such activities became more available and reliable. High speed (9600 + baud) modems also became available at more attractive prices and combined with improved software promised great increases in transmission speeds for remote communications. Microcomputers became more powerful with the arrival of increasingly powerful (and cheap) 80386 processor based systems and announcements of the first 80486 processor systems.

11. **MEDLINE on SPIRES study** - in the fall of 1989 a study was conducted on the feasibility of providing increased user access to the **MEDLINE** database using the **SPIRES** system. The results of the study indicated the **MEDLINE** could be successfully mounted using the **SPIRES** system but that it would be expensive. It was estimated that approximately $100,000 would be required in the first year to mount a five year subset of the **MEDLINE** database for local access using **SPIRES.** The cost consisted mainly of expenses for disk storage and to a lesser extent of database licensing charges.

PROPOSAL FOR A LAN

The **MEDLINE** on **SPIRES** study led to a proposal for a LAN with CD-ROM databases access, electronic mail and remote communication capabilities. Specific objectives of the LAN proposal were to:

-provide multi-user access to library databases (e.g. CD-ROM, SPIRES) and CAL software within the library

-provide communications support to permit authorized library users to access library databases, CAL software and electronic mail from outside the library (e.g. from offices or homes anywhere in Newfoundland and Labrador)

-encourage the development of library services through improved communications between library staff and users using electronic mail

-simplify the library computing environment by using the LAN to integrate access to various systems and rationalizing needs for specialized equipment such as printers and outgoing data communications. This would include, in the future, integration of the library LAN into the campus network with access to regional, national and international electronic mail systems.

The rationale for the proposal of a combination of a LAN with CD-ROMs, electronic mail and remote communication services was based upon:

a. providing multi-user and remote access to library electronic databases (such as the CD-ROM databases) many of which could be used only in an MS-DOS microcomputer environment.

b. recognizing the economic impossibility of providing multi-user access to a variety of commercial databases via a local system. A major expenditure would be required to mount even one database such as **MEDLINE** .

c. recognizing the economic and administrative difficulties of providing multi-user access to commercial databases via group contracts with remote database vendors such as **DIALOG** or **BRS**. The telecommunication costs from geographically remote Newfoundland as well as administrative difficulties to be expected in administering such a program for a large and geographically dispersed user group were formidable.

d. providing access to other computer resources such as CAL software, and perhaps in the future, other personal productivity tools to a diverse and highly dispersed user group.

e. providing a standardized, easy to use computer environment to support unsophisticated computer users.

f. improving communications capabilities both for library staff and for library users wishing to use library services.

g. rationalizing and improving usage of expensive equipment such as printers and data communication lines.

h. providing the library with control over access to its own databases and services. This is not always the case if a library is dependent upon a campus or institutional data communications network or computer system for access.

Only the LAN option offered the potential to satisfy many of these needs in a package that was economically realistic for the library. The other options required significant expense to provide services for only a few of the library's needs. The LAN proposal also posed risks such as:

-new technology promised problems and complexity in designing, implementing and maintaining the proposed network

-technical problems such as dealing with microcomputer memory requirement problems

-networked CD-ROM databases could still only support moderate multi-user access. High use (greater than 10 simultaneous users) could not be supported without noticeable deterioration in performance

-extensive training for systems staff is required for the development and maintenance of the LAN although end users should find the LAN relatively simple to use

-users are still faced with a diversity of software packages each of which must

be learned in order to use a database effectively. Remote users will also have to learn a new communications software package

-licensing fees and difficulties in arranging for multi-user and remote access to CD-ROM or electronic databases

Despite these concerns, it was felt that the LAN (figure 1) promised the most flexibility for satisfying library and user needs over the short to medium term.

STATUS REPORT

The library secured funding for the LAN proposal and the required hardware and software is being installed. The major hardware and software components used in the LAN are identified in Appendix A.

The total cost of implementing the LAN in its initial version is expected to be slightly over $60,000 Cdn including cabling and installation but not including increased licensing fees for networked database use. Full implementation of the LAN including remote multi-user access to databases and electronic mail is expected to be available in the fall of 1990.

There are many technical questions to be worked out which could be avoided by purchasing off the self CD-ROM networking systems such as Silver Platter's **Multiplatter**, Meridian Data's **CD-Net**, or CD Plus' **PlusNet.** The library also has not abandoned the concept of mounting some high use databases, such as **MEDLINE**, on the local **SPIRES** system at some future ime.

The library needs to prepare training sessions and documentation to support staff use of the new system. These will not be insignificant tasks especially for dealing with remote users. New procedures and policies to be developed are unclear at this time.

LEARNING FROM MEMORIAL'S EXPERIENCE

"Tearing down the walls" is one example of how a library can take advantage of the rapidly developing information storage and retrieval technologies. The LAN project underway at Memorial is not an objective in itself but rather one step in exploring the utilization of the developing computer and telecommunication technologies to improve access to library services.

The lesson for all libraries is to appreciate what is possible and never be afraid to investigate the possible application of relevant technology within the library. The needs and expectations of library users are changing and libraries must change with them.

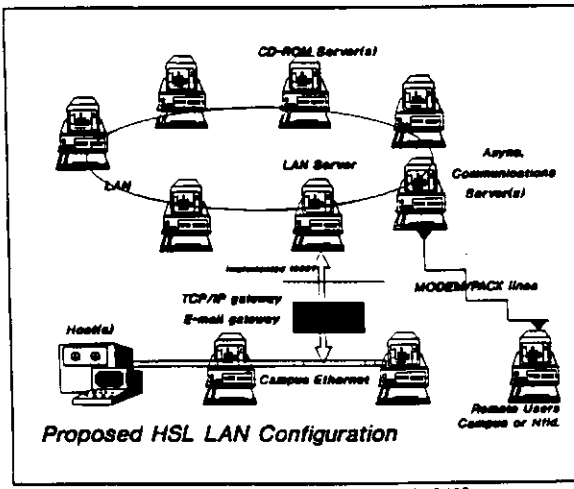

Figure 1 - Proposed Local Area Network (LAN), Health Sciences Library, Memorial University of Newfoundland

Appendix A - LAN Proposal Major Software and Hardware Costs

Note: The following prices are approximate. Many of the microcomputers listed were available in the library and did not have to be purchased specifically for the LAN.

NETWORK FILE SERVER

Northgate Elegance 20MHZ 80386 microcomputer wirh 60 MG Hard Disk and 9 MB RAM as LAN server with Universal Power Supply (UPS) and 60 MB tape backup unit. Cost $6,500

NETWORKING SOFTWARE

LAN software is 3COM 3 + OPEN Advanced System with Demand Protocol Architecture, 3 + OPEN MAIL and 3 + OPEN Start. NOTE: TCP/IP connectivity and electronic mail interface are not included in the initial implementation. Cost $5,000

NETWORK CABLING

LAN cable installation of thin wire ETHERNET cable andand 8 segment ETHERNET repeater and installation of additional power outlets . Costs: $7,000

3COM ETHERLINK II network interface cards to connect microcomputers to the ETHERNET network. Cost: $305 each x 30 = $9,150

CD-ROM SERVER

286 PC CD-ROM server with 12 CD-ROM drives (8 drives in a tower plus 4 internal drives) with 1 Megabyte of expanded memory. Cost $13,000

CD-ROM NETWORKING SOFTWARE

OPTINET CD-ROM networking software (Netbios version). Cost: $1,500

REMOTE COMMUNICATIONS

J&L Chatterbox 6000 Asynchronous Communications Server with 5 serial connections and CoSession remote control software to support external incoming access to the LAN and 8 serial connections with J&L NCS communication software for outgoing data communications. Cost: $15,000

Mixture of 9600 baud high speed modems and PACX data communication connections for use with the Asynchronous Communications Server. Cost: $3,000

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HEALTH LIBRARIANSHIP: WHERE HAVE WE COME FROM -WHERE ARE WE GOING?

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INTRODUCTION

I use the we in the title of my presentation with great trepidation, because my relationship to health sciences or to health service libraries cannot be categorized as major. Aside from cataloguing a normal share of books and journals in life and health sciences classifications, my first real exposure to your discipline was back in the 60's when I was asked to serve on the Kitchner-Waterloo Hospital Library Committee. We discussed journal selection and storage, cataloguing systems, automation, donations, and how to increase library use by health practitioners.

After I moved to Guelph, I discovered that my mandate included a Veterinary Sciences Library which had similar collections and services to a medical school environment.

I served on the Ontario Council of Health which was addressing all areas of health care delivery in the province,and I served, over a three year period, on a project team responsible for health care information systems. We recommended a three tier hierarchical health care information system in eight provincial regions, each centred on an academic health sciences library. Our committee developed standards for collection size and components, staff qualifications and number for the various services to be offered at three library levels:

- small community hospital library
- larger community or semi-teaching hospital library
- academic health sciences library

We also included a communications network to connect the various outlets - at that time involving Telex and trucks.

Vestiges of our concept were put in place, informally, particularly in regions which committee members represented. For example, the system centred at the McMaster Health Sciences Library (inspired by former librarian Beatrix Robineaux) introduced network services, including delivery of resources, via truck, to hospitals and practitioners throughout Wentworth Country. However, the general concept of a government mandated and supported approach to the provision of quality health care information services, based on an organized network of hospital, clinic or academic health sciences libraries from one end of the province to another, was never realized.

What has changed, between 1970 and 1990, and why a similar project initiated now

**This paper was presented at the 14th annual meeting of the CHLA/ABSC, June 10-13,1990 in Edmonton, Alberta*

(assuming the same level of government commitment) would have a better chance of success, is the dramatic advances in technology: from Telex, with truck/van delivery to FAX and immediate transfer of information. Another change agent, for health libraries world-wide, has been the U.S. National Library of Medicine. (NLM) And the important contribution of CISTI, and its Health Sciences Resource Centre, to Canadian health information services must be acknowledged. However, technology must be recognized as both a help and a hindrance, because it keeps changing. For example, CD-ROM can be merged for updates and networked, and can also incorporate graphic images and interactive video. A FAX machine can become a board on a microcomputer. Electronic journals, still with some copyright and fee problems unresolved, are finally being seen as a viable library format. The changes in communications and networking are even more rapid. The problem is not only to keep up to date, but also to be able to write off the older technology and pay for the new, in a time of restrained financial support.

HEALTH CARE NETWORKS & USERS IN 1990

But let us discuss networks that do exist across the country and the users of health agency or hospital libraries,which is a large and diverse group including doctors, nurses, allied health practitioners, students, researchers, etc.

1. The independent practitioner

Library use by the physician has been well documented: how many subscribe to journals and what percentage take how many minutes a day to read them. This use varies among the various specialties within medicine, with some organizations, such as the Association for Family Practice in Ontario, funding staff to provide library services to their members from the Sciences and Health Sciences Library at the University of Western Ontario.(UWO) This entails a quarterly paper index (FAMLI) through which members order copies of desired articles. Another agency serving northern Ontario independent practitioners is the government sponsored Northern Outreach Program. This group uses FAX machines to send messages and requests to the UWO Library, and books, articles or information are sent back.

However, many physicians continue to keep up to date by subscribing to two or three core journals. A 1988 survey indicated that, surprisingly and rather alarmingly, up to 25% of general medical information is acquired by physicians from the popular press; for example the Globe and Mail medical columns by Drs. Pipe and Gifford-Jones. Specific information was most frequently sought in this sequence:

- an office collection of core journals
- a colleague
- an expert opinion
- and lastly, a library

This is changing with the improved facilities in most hospital libraries, and because an increasing number of practitioners are accepting and adopting the new technological environment. Many physicians and medical students, for example, own their own computer, subscribe to a MEDLINE account, and have trained themselves or have been trained to do an online search.

What are the physicians looking for when they are seeking information? They want to confirm a diagnosis; to determine if suggested treatment is valid or if there is something new; to acquire new information in general - a self generated continuing education program.

2. The community hospital library users

What luck do these practitioners have in the community or non teaching Hospital Library? In my experience, before 1975, these libraries were not sufficiently funded to provide the level of library service, in collections, technology, or number and qualifications of staff to respond to most information needs. Unless there is a network based on an academic health sciences library, that situation still exists in many smaller Ontario communities. Small community hospital libraries are still staffed by part-time librarians or by volunteers, with limited current collections and few if any computer facilities and access. Users dependent on such facilities, whether the physicians or the other health care practitioners, will not have the timely information so vital to appropriate diagnosis or treatment, unless they are diligent in maintaining their own personal information network.

However, the larger community or the semi-teaching hospital libraries have made great advances. Although not necessarily automated, the libraries do have computers and online accounts. An increasing number, estimated at 60 % of practitioners, use these services.

3. Academic health science or bio-medical science library

Practitioners who have access to the academic health sciences information centre in Canada are presented with an environment which is quite unlike the described community hospital libraries: online catalogues; resource data bases on CD-ROM; online access to current information; FAX services and electronic (Netnorth /Bitnet) connections for resource sharing, for responding to individual requests, or for maintaining contact with colleagues across the country.

For the faculty and students, the library and librarians are an integral part of the teaching program, moving from the standard orientation/bibliographic instructional services to teaching end-user searching on Medline. Some libraries are providing remote access form faculty office or home to networked CD-ROM's and are teaching techniques to manage these systems, frequently in the classroom and increasingly in a team environment with the discipline instructor. Clinicians, are requesting remote access to networked CD-ROM databases. Many are familiar with the resources of the Health Sciences Resource Centre at CISTI and want those capabilities on their personal network. There have been fabulous advances in the kind of network envisioned by the Ontario Council of Health in the 70's and by the Canadian Hospital Association in the 80's. Networks now stretch from one end of the country to the other. It is an impressive record!

PROBLEMS AND CHALLENGES

What then are the problems or challenges in this environment. Has the use of technology solved the information access and retrieval deficiencies in Canadian health care information networks?

In 1982, Nina Matheson hypothesized the following information request scenario: the practitioner supplies the query on a patient who has a head injury, is on medication "X" to prevent bleeding, and has increasing intracranial pressure. Can the increased pressure be a result of a side effect of the medication "X"? The health sciences librarian searches the databases and literature, and sends both an answer and copies of supporting documentation, by electronic messaging and FAX to the practitioner. Are our library networks, our libraries, and librarians, at a stage where we can begin to respond in similar fashion?

1.Network:
The answer to this and the earlier question is, not quite, and for a number of reasons. First, there are still community hospitals, clinics, agencies and individual practitioners who are not part of an academic health library structured network. This is likely not the fault of an academic health sciences librarian. The library system, or university administration might not appreciate the special or unique nature of health librarianship, and the need, or the responsibility which the academic health sciences library has for such network involvement.

2. Political
This illustrates a political issue: the importance of library reporting structure. If the Health Sciences Librarian has a dual reporting structure, so that the political clout of a Medical Dean , or better still of a Vice-President for Health Sciences, can lend support, there will be a better chance of a positive response. The trend for library directors to report elsewhere, either lower in the academic hierarchy or ,much worse, in a non academic channel diminishes the likelihood of success for initiatives.

3. Status
Status may not describe the next issue exactly, but it conveys the concept. Where is the academic Health Sciences librarian within the Medical or Health Sciences faculty? Librarians and health sciences information may be integrated into the curriculum and teaching process and the library may be viewed as an essential service, absolutely integral to the educational and research programs. But are the librarians considered essential partners, or colleagues, in the health care delivery system? Do librarians have full faculty status and the privileges and responsibilities which that entails? As well, has the library been staffed to provide the level of service necessary to meet the query with which I began this identification of issues? I suspect that the status issue is relevant in other environments as well, whether in government departments or in hospitals!

4. Funding
The fourth problem is funding , or lack thereof, and this is one variable which we can all agree is a major concern. Certainly in Ontario it is the health care facilities and universities that are being hardest hit by government restraint, and it is the universities which are farthest behind and of least concern to the respective ministries.

Most libraries are facing funding shortages or actual budget cuts. Too often I have heard from librarians: we can't offer that service unless we have more staff or that we will have to eliminate or reduce services because of staff shortages. What I

don't hear very often is: how can we introduce a new service with the same number or what has a lower priority and could be reduced or offered in a different way with fewer people?

I am asking these questions deliberately because I have come to the conclusion that many libraries are not using the full potential of the current technologies and therefore are not able to release staff positions for new services. Many of the examples I see are in technical service areas. How many libraries are still backing up automated records with manual files -just in case? How many libraries are still revising -with professional staff- derived cataloguing copy?

I know that this environment of financial restraint is not pleasant. However, not enough librarians are using this environment as an opportunity for change. Computer and communications technologies do provide the mechanisms for better and less expensive access and retrieval, if we have the courage or foresight to use them!

5. Attitudinal
Change, of course, brings us to another problem area: people issues. Are librarians flexible enough to be involved in rapid change? Are librarians begin encouraged, through professional development or in-service training programs to become more flexible and to accept or to welcome change?

6. Management
This leads to the topic, and problem, of library management. Management is related to the political issue already mentioned,because the nature of the reporting structure of the health sciences librarian may be important. However, assuming that the health sciences librarian is able to act independently with respect to management, there are several effective management principles which can be identified through questions: Is there a strategic plan in place? Are there objectives derived from that plan, updated annually, prioritized and evaluated? And , importantly, does the library have in place within the system, the standards and measures of both efficiency and effectiveness factors, and comparisons with internal and external standards? Effectiveness measure are the essential ingredients of responsil decision making.

WHERE ARE WE GOING?

I have been describing where we have been, where we now are, and the problems and issues in our present environment. More important is the question all librarians must consider at this time: where are we going?

Not all areas of the country, not all independent practitioners, are connected to a network. A catalyst is needed to move the libraries, librarians, and their parent institutions in the right direction. I would like to suggest that an organization such as this, the **CHLA/ABSC**, could well provide the impetus and focus for identification of the gaps in the network, and for determination of how best to fill them. And in addition to finding the solution to the network problems , there are new areas of service which can also be explored.

1. A broader constituency
The customers of health information services are becoming more diverse. As well, the resources in academic health sciences

libraries or in the larger community hospital or government agency libraries, frequently include material related to environmental health issues, so that the growing environmental lobby is your client, as well.

How can this new constituency be served: Turning to one of a librarians' basic skills and adding a bit of technology, suggest that a **CHLA/ABSC** database, accessible through public libraries as well as through hospital, agency, government and academic health libraries, might be a project that would bring national attention as well as increased visibility and credibility to your organization and to health information librarians individually. Many of you are already involved in producing indexes and bibliographies, probably based on microcomputer technology. An inter-active CD-ROM database, with integrated graphics, would be an exciting new direction, well able to serve a new and different clientele.

2. In depth service

In a slightly different area, it can be suggested that health information services will move with more intensity into clinical librarianship. This is the type of service which provides actual information, and which impacts directly and immediately on the medical situation at hand.

3. Teaching

Another avenue is the continuing and expanding involvement of librarians in a teaching role, whether this is on a team designing a new curriculum at a medical school, or teaching end-user searching and how to use "Grateful Med" to a group of practitioners at a community hospital. In this aspect of librarianship it is the health sciences or medical librarians who have been the pioneers for the whole profession.

4. Technological directions

At a recent seminar at Johns Hopkins University, described by a participant, it was suggested that: "Medicine **must** change! and the key to that change is information!" How is that change envisioned? Through an interactive and networked database with terminals in every health care practitioner's office , and with each practitioner coded for different function or level access. The practitioner would input the dimension of the problem; for example: symptoms, timeframe, and family history, and the database would provide the answer with supporting documentation. Recent thinking suggested that a global database is needed, so that the experience of disease and treatment, of recovery successes or failures, can be analyzed against a background of global information. Further, it is suggested that algorithms of health care will become more important and will find solutions in such a database.

If such a database is expected to totally change health care provision as we know it to-day, it can be assumed that health libraries will also change. There may be obstacles in the path toward a integrated regional, provincial and national health information network , and toward the global, interactive and all encompassing health database I have just described.

These obstacles include the financial, political, technological and management issues outlined earlier, but there are also obstacle or road blocks which relate to each of you, individually.

1. Credibility and status

No matter what other people may say , I

still feel that librarians have a credibility or image problem. Many people still assume that librarian means a timid little lady of independent means wearing tennis shoes, and providing a 'handmaiden ' service.
Linked to the perception of who or what we are is the issue of our status, as previously discussed.

If these are among the obstacles, how should librarians respond? How can you move aggressively to demolish the accepted image, and to improve the assigned status?

1. Education
I suggest that a second and discipline oriented Master's degree is essential for all librarians, and that this will do much to improve our credibility and image.

2. Research
The type of databases which I have identified must be based on research, including research in information science and management. The opportunities for research in health libraries are endless, with projects demanding answers in every aspect of standard work assignments.

3. Professional involvement
Continuing involvement in associations is extremely important.

4. Networking
The opportunity for communication networks (Netnorth/Bitnet) links should be extended to all librarians in a health library facility, so that everyone can be up to date and aware , sharing and gaining information in her/his special areas of interest.

5. Flexibility and aggression
Finally, you must be flexible and welcome change, looking on financial restraint as opportunity, not disaster. And you must also be aggressive as you seek to fulfil your mission, and march toward your goals.

The record of health librarians is impressive, and I have complete confidence that you will reach your goals, and take your non-health related librarian colleagues forward with you.

CURRENT AWARENESS AND DOCUMENT DELIVERY SERVICE IN SUPPORT OF THE HEALTH SCIENCE TEACHING AND RESEARCH PROGRAMS OF THE UNIVERSITY OF TORONTO

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In November 1989, the University of Toronto Library introduced ScanDoc which links a PC-based current awareness and a document delivery service. Current Contents on Diskette is used to scan the current literature; locally developed programs are used to print current awareness notification slips; and the Library's document delivery service provides requested items. The current awareness service is offered to the University's faculty and research staff without charge, while the document delivery service is provided on a cost-recovery basis. This paper describes the institutional setting, the way in which the service is operated and the impact that the service has had on its users and on the Library.

** This article is based, in part, on a paper which was presented at the Canadian Health Libraries Asociation Conference, Edmonton, 1990 * Acknowledgements: to James Hunter for his computer programs and to Sue Patterson and Karen Jankulak for their assistance with developing in-house ScanDoc procedures*

INSTITUTIONAL BACKGROUND

The University of Toronto Library serves a potential user population of over 60,000. Science and Medicine Library, a part of the central library system, primarily serves students, faculty, and research staff from the health and allied health disciplines of the University of Toronto and is the focal point for extended services to the 35 members of the Health Sciences Information Consortium of Toronto which includes the 29 teaching hospitals affiliated with the University. The Library offers a wide range of electronic information services:

- staff mediated on-line searching,
- current awareness services based on commercial systems,
- end-user searching (BRS Colleague and BRS AfterDark), and
- CD-ROMs (Medline, SciSearch, Excerpta Medica, and PsychLit).

The Library is currently implementing access to the Medline database and other files on a locally operated system. This

service, which will support up to 50 concurrent users, will be offered to the students, faculty, and staff of the University, the staff of the area hospitals, and to the area health service practitioners.

CONTEXT FOR OFFERING A NEW SERVICE, SCANDOC

The Library supports a large walk-in clientele, but extensive use is made of its document delivery and interlibrary loan services. In 1989/90 the Science and Medicine Library received over 85,000 document requests.

The Science and Medicine Library has a long-standing outreach programme which provides information and document delivery services to a large community of users who are supported by other on-campus libraries or who are off-campus. The off-campus users are located in area hospitals, on other U of T campuses, or in associated institutions. The Library has extended its outreach activities by offering the ScanDoc current awareness and document delivery service.

Researchers want the most recent journal information for grant-seeking and many other research strategies. There are many ways of seeking and obtaining current awareness information. Browsing the latest issues of journals, browsing lists of journal contents, on-line SDI services, and current awareness services on diskettes (for the end-user) are some of the means of obtaining the most recent information.

Several current awareness services on diskette for the end-user are being marketed: Reference Update, Medical Sciences Weekly, and Current Contents on Diskette. Current Contents on Diskette is the most comprehensive of these and consists of six sections: Life Sciences; Clinical Medicine; Agriculture, Biology & Environmental Sciences; Physics, Chemistry & Earth Sciences; Engineering; and Social and Behavioral Science*. The Library subscribes to all of these sections and searches them to provide a unique service called ScanDoc.

WHAT IS SCANDOC?

The University of Toronto Library's ScanDoc joins a low-cost means of providing current awareness with local document delivery into a fast, efficient service. The link is the notification slip which provides a citation and serves as a document delivery request (see Figure 1).

FEATURES OF SCANDOC

*based on Current Contents on Diskette
*for faculty at U. of T. and at affiliated hospitals
*FREE search results
*mailed each week
*optional document delivery service

HOW IT WORKS

Users provide a profile of their research needs, listing keywords and synonyms. The librarian enters the search strategy and stores it as a search profile on Current Contents on Diskette. Stored search profiles are run each week when the new issue of a section is received. The results of the search are output as a computer file.

A database containing customer information is merged with the search

output to print the citations on current awareness notification slips. The notification slips are delivered to the user via various campus and hospital delivery services. The ScanDoc current awareness service is provided free.

Users may use the notification slips to order photocopies through the Library's Document Delivery Section. Photocopy charges are 20 cents per page. If a journal is not in the collections of the central library system, users are informed of alternative campus locations. If the journal is not held anywhere at the University of Toronto, the user may request Interlibrary Loan using the ordering options on the notification slip. The Library operates a computerized billing program, and charges are billed against each customer's account.

Enclosed with the results of each new profile is a copy of the strategy and a covering letter asking users if they require a revision. With each week's package of citations, a flyer is enclosed which explains how to obtain photocopies from the Library. Follow-up is done with users to insure that the service is meeting their expectations.

STAFF TIME

Each current awareness profile requires approximately one half hour for a librarian to set-up, enter, test, and store the search strategy and customer record. This only needs to be done once for each user although there may be later revisions to the strategy. It requires an average of approximately 2 1/2 minutes per week of a library assistant's time to run each of the stored profiles, to print the references, and to mail out the notification slips. The actual printing takes an average of approximately 1 1/2 minutes per week for each profile, but can run unattended. On an annual basis about 2 1/6 hours are required to run, print, and mail each profile.

COSTS OF PROVIDING THE SCANDOC SERVICE

The cost of providing the service is relatively low. There is an annual cost of $1,700 for subscriptions to the six sections of Current Contents on Diskette; this is a fixed cost regardless of the number of profiles.The staff cost required to establish a profile is approximately $12.00. The annual cost for each profile is less than $7.00 for supplies (paper, envelopes, etc.) and less than $34.00 for staff time (running the profiles and printing & mailing citations).

The cost of the personal computer on which the profiles are stored and run, the cost of the printer which is used, the costs of promoting the ScanDoc service, and the staff costs to develop the customer database and printing programs are not included in the figures given above. The document delivery (photocopy) service is operated on a cost-recovery basis.

ADVERTISING AND PROMOTION

The Library has promoted the service in a variety of ways: direct mailings to potential customers, presentations at department and faculty meetings, brochures and flyers, promotion in a variety of campus publications. Direct mailing of promotional materials to potential customers has been a success; during the first six months of the service approximately 25% of the faculty who were sent direct mail promotion are

now using the current awareness service. News of the service has also spread by "word of mouth", with virtually whole university departments signing up.

IMPACT OF SCANDOC ON THE LIBRARY

ScanDoc has had an impact on procedures in the library. Space had to be reorganized and proper equipment set up. Time on available Library laser printers was reserved. Various in-house procedures were established for record-keeping. A staff manual was written. Searchers were trained. Document delivery procedures were adjusted and expanded.

ScanDoc coincides with other new developments and changes in library procedures, such as non-circulation of journals, and automation of such procedures as billing. ScanDoc has helped to propel, expand and better define these and other new electronic developments.

SCANDOC STATISTICS SUMMARY

In the period November 1989 to May 31, 1990, 218 profiles (users) were established. Of these, 34% have requested document delivery photocopies. The average number of requests via Document Delivery for this group of 41 who borrowed is 8.2 requests or 5.2% of the total citations they received.

The ScanDoc service was introduced with an initial twenty-five users who had been selected to participate in a one month pilot study. Within one month the number of users had doubled. In the next two months the number of users had again doubled. The number of users again doubled during the subsequent three months. By the end of six months the number of ScanDoc users had grown from 25 to nearly 225 (see Figure 2).

IMPACT OF SCANDOC ON THE USER

From the results of a small telephone survey and other feedback, users are generally very pleased with the total ScanDoc service. The current awareness provision is recognized as extending their capability to scan the available literature efficiently, and the document delivery option has growing acceptance as a convenient way of obtaining the full-text document. Some researchers have become first-time users of the Library's Document Delivery service as a result of ScanDoc. Generally, every user surveyed was very pleased with the ScanDoc service.

FUTURE

Some users are very interested in receiving the results in electronic form on a floppy disk rather than in print form. The Library is experimenting to see how efficiently information can be provided in this and other electronic ways (e.g., sending citations via e-mail).

Document Delivery procedures are being examined closely to extend the ScanDoc availability of journal titles held at other campus libraries and eventually at hospital libraries. The University of Toronto Library is currently revising the customer database management and printing programs to take into account recent changes in the Current Contents on Diskette system, to incorporate journal location

information on the notification slip, and to make the ordering of photocopies as comprehensive and convenient as possible.

There are now four Library locations running the ScanDoc service: Science and Medicine Library, Earth Sciences Library, Engineering Library, and Robarts Library (as soon as Current Contents on Diskette: Social & Behavioral Sciences is released). The running of the stored profiles and the printing of the notification slips will soon be centralized in the Library Systems Office. This will make better use of staff time and eliminate duplication of effort. The Information and Reference departments will continue to promote the service to potential users and to set up the profile strategies.

CONCLUSION

In instituting ScanDoc, the Library has been able to provide a comprehensive current awareness and delivery service to a large number of people at a very low cost. The public relations value of ScanDoc has been extremely high in relation to its cost. ScanDoc is helping the Library to forge a closer link with faculty and to establish credibility as a strong intermediary in the research function.

Figure 1: ScanDoc notification slip

University of Toronto Library
SCANDOC / Document Delivery Service

The following item was listed in a recent issue of Current Contents
To obtain a copy, sign this notification slip below and return it to:

Author: Rea, R.F.; Biaggioni, I.; Robertson, R.M; Haile, V.; Robertson, D.
Title: Reflex Control of Sympathetic Nerve Activity in Dopamine Beta-Hydroxylase Deficiency
Journal: Hypertension
Vol/Num: 15:1 (JAN 90) Pgs 107-112
Lang/Doc: English Article

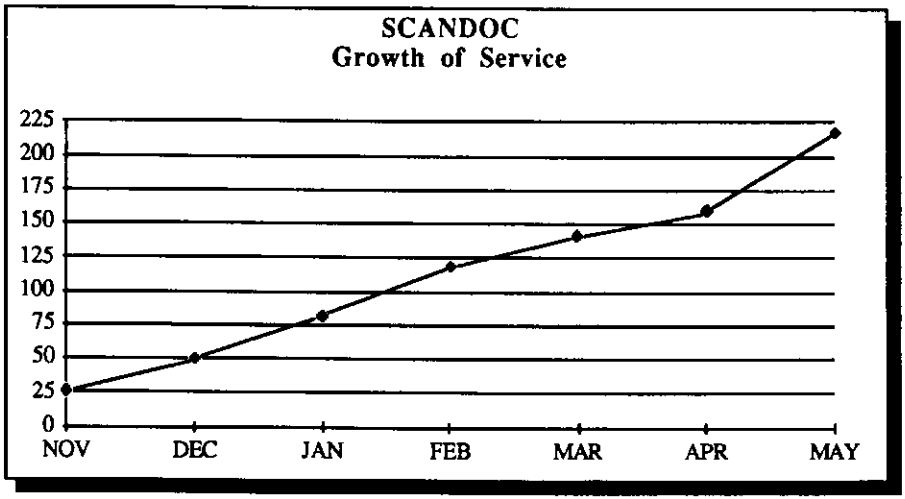
☐ If not in our collection, obtain a photocopy elsewhere.
☐ If the issue has not arrived, hold the request until it is received

Document Delivery Service
Science & Medicine Library
7 King's College Circle
University of Toronto

John B. Smith
Medicine
Medical Sciences Bldg.
Room 0000
21700000000000 978-0000

Signature

Figure 2: Growth of ScanDoc Service



THE HEALTH CONNECTION

Mary Hale Lougheed
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The Health Connection

Elaine Glover
Librarian
Rockyview General Hospital

IN THE BEGINNING...

First let me begin by thanking you for this opportunity to speak to you here today. I preface my presentation by warning you that we tend to be very enthusiastic on the topic of this wonderful community resource. We offer no apologies for the prideful manner in which we speak to you today.

The beginnings of the Health Connection go back to 1984 and to the Director of Education at Rockyview General Hospital. She had a vision. Her vision was a patient health information centre, located in the hospital, to assist patients and their families in making informed healthcare decisions. That the Health Connection ever made it off the drawing board is a testament to her determination.. Through times of shrinking healthcare dollars she persisted and successfully defended the need for such a centre. The importance of securing the commitment of senior level management, in a project such as The Health Connection, cannot be emphasized enough.

**This paper was presented at the 14th annual meeting of the CHLA/ABSC, June 10-13, 1990 in Edmonton, Alberta*

The Resource Centre, as it was called in its initial stages, was planned to coincide with the expansion of the Rockyview General Hospital (RGH) from 1986 to 1988. Space for the centre was worked into the floorplan of the new library. In January 1987 money was found to hire a project assistant (Lori Littlejohns) for six months to investigate existing community resources. What she discovered was the proverbial Pandora's box. There seemed to be an agency, association or interest group for every conceivable medical condition, each publishing diverse information for public consumption. Missing was a means of accessing all this information at one location. The focus for The Health Connection began to take shape; to act as a gateway to existing health care information for patients, their families, staff and members of the community.

In July 1987 the Project Assistant's position was restructured to a Coordinator position. The Resource Centre came to life. Volunteers sorted and categorized the masses of pamphlets which had been collected. A resource pool of hospital and medical staff subject experts was established. These experts assisted in developing guidelines for the Resource Centre. A lecture series on health related topics was

organized, using Calgary District Hospital Group staff and local experts as speakers.

Up to this time the centre was generically referred to as the Resource Centre. The name **"The Health Connection"** was selected through a hospital-wide contest. The Health Connection logo was later developed.

The Health Connection was initially financed through funds from the Nursing and Library portfolios. In 1988, a private family foundation granted operating funds for a three year period. The hospital's Auxiliary generously provided salaries to staff the centre. Support services continued to be supplied by Calgary District Hospital Group. The Health Connection officially opened to the community of September 1, 1988.

THE PRESENT...

The Health Connection philosophy is based on the belief that all individuals have a right to access health information in their pursuit of an optimal level of physical and mental health. The Health Connection provides comprehensive medical and health information to the patients, families and staff of the Calgary District Hospital Group (CDGH) and to the Calgary community. Through the dissemination of health information and health education activities, users of The Health Connection are able to make informed decisions about their health and lifestyle and their use of the health care system.

OBJECTIVES

The operations of The Health Connection are based on the following objectives:

1. The Health Connection is dedicated to providing **accessible, relevant, reliable** health information, programs and educational support for patients, families, staff and the community.

2. The Health Connection is dedicated to a **self-care** model of involvement, accountability and participation by encouraging a personal responsibility for health. Individuals are encouraged to personally come to The Health Connection to seek out information they need to enable them to make informed decisions about their own health and their use of the health care system.

3. The Health Connection is committed to the promotion of health and the prevention of disease. The Health Connection resources assist users to identify their risks for disease and disability and assists individuals to make healthy lifestyle changes.

4. The Health Connection is committed to promoting **effective** and **appropriate utilization** of the health care system's many resources.

5. The Health Connection is committed to providing a **coordinated, cooperative** and **efficient service** in order to minimize duplication of services and maximize accessibility of accurate, reliable health information.

6. The Health Connection is dedicated to helping meet the health information needs of **patients, families** and **staff of**

CDGH and the community.

7. The Health Connection is committed to networking with agencies and organizations with CDGH, Calgary and Alberta that are investigating, or are involved in, health promotion and education.

THE HEALTH STOP

The Health Stop is often the public's first encounter with The Health Connection. It is located in the main lobby of RGH and it provides ready access to health information in the form of pamphlets, posters and a small collection of reading material. A miniature "Safety House" is also present in The Health Stop. People of all ages are fascinated with this miniature house and enjoy locating its many safety hazards. Brochures about The Health Connection and a map to The Health Connection are also available.

THE HEALTH CONNECTION LIBRARY SERVICES

The Health Connection is located in the medical library of RGH. Its hours of operation are: Monday-Friday 11:00 am to 5:00 pm and Wednesday evenings 6:00 to 8:30 pm. The staff is comprised to 2 part-time Coordinators, a part-time Library Technician and 8 to 10 volunteers. Secretarial assistance and other support services are provided through CDHG.

The Health Connection's library of health information resources consists of books, reference texts, videotapes and audiotapes, pamphlets, publications, health newsletters, journals and computerized health information. Emphasis is placed on health promotion and disease prevention and on practical and relevant information to assist in coping with a specific disease or situation.

The "subject binders" are a unique resource to The Health Connection. Pamphlets and publications from local, provincial and national organizations are kept in these 85 binders. They are an excellent resource of community services.

Information requests are received by phone or in person. Information resource packages and literature searches are provided on request. Users of The Health Connection also have access to the medical library with the assistance of Health Connection staff.

ADDITIONAL SERVICES

Approximately 150 babies are born each week at RGH. In response to the information needs of these new mothers, The Health Connection volunteers assemble new mother information packages. These packages consist of booklets, pamphlets and information sheets.

The public lecture program is another way of disseminating health information. Approximately 10 to 12 lectures are scheduled from September to June. Lecture topics are selected according to information request statistics and lecture evaluations. Local and internationally known speakers provide these presentations. The Health Connection also offers two different self-administered questionnaires. One is a health risk analysis and the other is a self-scoring stress assessment guide.

Tel-Med is the Health Connection's latest service. Tel-Med is a 24 hour computerized telephone health information service. Three hundred tape-recorded messages provide reliable, factual information about health conditions, disease prevention and healthy lifestyles. Tel-Med is funded by Chevron Canada Resources and a private family foundation.

EVALUATION OF SERVICES

Evaluation is an ongoing and intrinsic function of The Health Connection. Monthly utilization statistics are obtained from the Tel-Med computer. The Health Connection information request statistics are also tabulated monthly. They relate how clients access The Health Connection, who the clients are, the information request topic and the information request outcome. In 1989, 60% of The Health Connection clients accessed The Health Connection in person and 40% by telephone; 51% of the clients were community based, 36% were CDGH staff and 12% were patients and families. Based on early 1990 statistics, we anticipate that the total information requests for 1990 will be more than double that of 1989.

Utilization statistics are not the only means of evaluation. An evaluation form is distributed with all information packages and evaluation forms are distributed at all lectures. An extensive user evaluation survey of the Tel-Med service is planned for the near future. A user survey of The Health Connection health risk analysis services and of the new mother health information packages will also be conducted.

CONCLUSIONS

The services and operations of The Health Connection continue to expand to keep up with user demands. It is very evident to us that the public is concerned about their health and their use of the health care system and that they want access to reliable health information. It is also evident from the numerous questions received from you here today that organizations across Canada are interested in providing health information services to the public. We wish you success in your endeavours of this much needed service.

HEALTH FOR ALL CANADIANS BY THE YEAR 2000: THE ROLE OF INFORMATION

Irving Rootman

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The goal of "Health for All by the Year 2000" was accepted by the World Health Organization about a decade ago. At an 1978 International Conference on Primary Health Care, delegates called for a new approach to health that would shrink the gap between the health "haves" and "have-nots" by achieving a more equitable distribution of health resources. All of the inhabitants of "spaceship earth" would attain a level of health that would permit them to lead socially and economically productive lives.

A global strategy to achieve this goal included measures for health promotion, research and information exchange. Using information was a significant component from the start and was given additional weight by subsequent developments.

The importance of use of information in health promotion was reflected in the influential "**Discussion document on the concept and principles of health promotion**"issued by WHO in 1984.

This document identified "information and education" as one of five subject areas for health promotion, which "requires full and continuing access to information about health and how it might be sought for by all the population, using ... all dissemination methods available" (WHO, 1984)

The World Health Organization used an "information strategy" to achieve "Health of All by the Year 2000". Since its establishment in 1948, much of WHO's work has involved the sharing of information among its member states through meetings, publications, research projects and visits to countries. Now its information exchanges increasingly emphasize the principles of health promotion as enunciated in the 1984 document:

1. Health promotion involves the populations a whole in the context of their everyday life, rather than focusing on people at risk for specific diseases.

2. Health promotion is directed towards action on the determinants or causes of health.

3. Health promotion combines diverse, but complementary, methods or approaches.

4. Health promotion aims particularly at effective and concrete public participation.

**This paper was presented at the 14th annual meeting of the CHLA/ABSC, June 10-13, 1990 in Edmonton, Alberta*

5. While health promotion is basically an activity in the health and social fields, and not a medical service, health professionals - particularly in primary health care - have an important role in nurturing and enabling health promotion.

I would include information specialists in this last principle. Developing and providing information to all who require it is a primary tool for "enabling people to increase control over, and to improve, their health" (WHO, 1984), the universally accepted definition of health promotion. While health librarians have provided information services to health professionals, there has been a recent movement supporting "consumer health information services".

CANADA'S ROLE

I was asked to talk about Canada's efforts toward achieving "Health for All by the Year 2000" and the role of information in doing so.

Our efforts have been twofold - 1) maintaining our social safety net and 2) developing and implementing health promotion.

Canada's social safety net is the envy of most countries. By the Canada Health Act of 1984, our universal health care program ensures that all residents irrespective of their economic or other circumstances are assured equal access to health care. Like other elements of our social safety net, the Act is a reflection of the high value which Canadians place on the quality of life and the view that government intervention to ensure a minimum standard of living is welcome. In addition, it is clear that the social safety net including the health care system has helped to improve the health of Canadians.

A new perspective on the health of Canadians (Lalonde, 1984) made clear that the health care system is one of four determinants of health, along with human biology, lifestyle and the environment. A second important conclusion was that further improvements in the population's health were more likely to be made through health promotion than through improvements in the health care system.

As an international leader in the field of health promotion, Canada became the first country to establish a national Health Promotion Directorate with over 100 staff and a budget of approximately $10 million. In 1982, the federal cabinet approved a health promotion policy and programme addressing issues such as nutrition, tobacco and alcohol use and target groups such as children and youth, women and the elderly.

Meanwhile, other levels of governments, health professionals and community groups were becoming increasingly involved in health promotion. For example:

1. In 1981, the first Canadian Conference on Health Promotion was critical in the effort to move thinking about health promotion beyond lifestyle change, warning of the danger of victim blaming.

2. The Canadian Public Health Association asserted its leadership in health promotion. The distinction between public health policy and healthy public policy was

drawn at a 1982 C.P.H.A. meeting and further elaborated in 1984 at **Beyond health care: A working conference on healthy public policy.**

3. Community groups across the country were supported by our Health Promotion Contribution Programme in projects to encourage self-help and citizen participation on locally defined issues.

These experiences, as well as the involvement of Health Promotion Directorate staff in the development of the Health Promotion Programme of WHO culminated in a National Health and Welfare document called **Achieving health for all: A framework for health promotion** (Epp, 1986) at the First International Conference on Health Promotion in Ottawa in November 1986. Based on the WHO definitions of health and health promotion, the framework sets out a matrix of ten cells headed by its aim of "Achieving health for all".

It presents three challenges to the health of Canadians: reducing inequities in health, increasing prevention, and enhancing capacity to cope with chronic illness and disability. This is followed by three mechanisms to address the challenges: self care, mutual aid, and healthy environments and three strategies to implement the mechanisms: fostering public participation, strengthening community health services, and co-ordinating healthy public policy. These cells interact at all levels.

These ideas have taken root in Canada and will continue to play a role in determining health promotion initiatives such as the National Program to Reduce Tobacco Use, the Heart Health Program and the Healthy Communities Project. Canada continues to be an international leader in health promotion, an important factor in our achieving the goal of "health or all".

ROLE OF INFORMATION

My second point concerns the role of information in achieving health for all Canadians. Information has played a critical role in WHO and in Canada as well. An information strategy has been employed in virtually all of our work in health promotion in Canada. It is hard to think of a better tool than information for "enabling people to increase control over, and to improve, their health." (WHO, 1984)

An example is the **1985 National Program to Reduce Tobacco Use** which identified seven strategic directions, that included access to information as well as "message promotion: and "research", which are also related to information. To ensure access to timely and relevant information, a clearinghouse on tobacco has been established. Projects such as the **Peer Assisted Leaning Project** have used various approaches to provide people with the knowledge and skills to resist social pressures to smoke, or to give up smoking,

In **message promotion**, the program has implemented a national advertising and promotion campaign. "Break Free for a New Generation of Non-Smokers" uses a variety of techniques including T.V. commercials, billboards, brochures and pamphlets to create a social environment which encourages and supports decisions not to smoke.

While some of the techniques used may not convey a great deal of information per se, they stimulate interest in obtaining information and in some cases provide the public with a way to quickly obtain this information by such means as using tear off sheets on bus ads. One of our earlier campaigns, involving enclosing a request form in a family allowance insert, resulted in over one quarter of a million requests for an information pamphlet.

The research strategy involved continuing studies to monitor the smoking behaviours of Canadians, reviewing research priorities, and commissioning new studies such as a study on ethnic smoking patterns. Research activities have implications in terms of generating and disseminating relevant information. The "Active Health Series" was designed specifically to inform non-researchers working in the field of health promotion in Canada about the results of the National Health Promotion survey. For example, we have distributed over 15,000 copies of the most recent report on seniors. Thus, we use a variety of techniques to develop and disseminate information to promote health.

I would like to briefly describe the health promotion knowledge development project. This project began about four years ago when our former Minister released **Achieving Health for All.** It was important to examine the knowledge base underlying the Framework for Health Promotion and to consider how to improve it, as well as to look at how such knowledge might more effectively be put into the hands of those who need it. To date, the project has focused on the development of new knowledge through research and has just begun to consider how this new knowledge might be effectively disseminated. Much has been accomplished, including literature reviews on all of the elements of the Framework, identification of research priorities, the outline of strategies for supporting relevant research, over thirty workshops across the country, a newsletter and a special competition on health promotion research.

We are developing a joint initiative for funding research with the Social Sciences and Humanities Research Council, organizing regional workshops on "health community indicators", and organizing a National Conference on Health Promotion Research with the newly established Centre for Health Promotion at the University of Toronto. Perhaps of more interest to you, we are considering the implications of new information technology for knowledge development in health promotion. Looking at the possible use of CD-ROM technology for disseminating information, we commissioned a feasibility study and are now considering its recommendations. Among them is a proposal to develop a prototype disk with a number of applications including survey data, abstracts, and directories. I hope that we could have the benefit of your experience and expertise in using new information technology to put pertinent information in the hands of those who need it when they need it.

THE FUTURE

What should we be doing in Canada to achieve the goal of "health for all: by the end of the decade?; and what is the role of information specialists? Before discussing

these questions I'd like to look at how successful we have been in achieving "health for all".

This is not an easy question to answer. While we lack the kind of data that we ideally need, we do have some relevant statistics such as data on the discrepancy between rich and poor in life expectancy over time. We also have data on regional disparities over time. There have been declines in both regional and socio-economic disparities in life expectancy in Canada over recent years. The disparity between rich and poor in life expectancy is still large especially when compared to regional disparities. While we have made some progress in reaching our goal of health for all, we clearly have some distance to go. It would be fair to assume that our collaborative efforts made some contribution and are continuing.

What then should we be doing over the next decade to make sure that we do achieve the goal? We should be vigilant that our social safety net does not deteriorate. We all have a vested interest in ensuring that Canadians have a basic level of security and have access to the health and social services they need. We should put increasing effort into establishing "health public policies", including policies in agriculture, education, housing, transportation, economics, and the environment. It is hard to think of a sector whose policies do not have some impact on health. At the Symposium on Health Promotion in Victoria last year, "health public policies" were endorsed as one of the five areas of action. In addition, Health and Welfare Canada is increasing involvement with other federal departments in the development of policies and initiatives. We need to target our efforts, making sure that the poor and otherwise disadvantaged members of society receive the kind of help that they need. They should have the resources including information, that they need to help themselves.

Finally, I suggest putting more resources into health promotion. I am not just saying this to ensure that I have a job for the rest of my working life. I believe that health promotion has only started to fulfil its potential in helping Canadians to achieve health. The provinces are starting to recognize the need for resources for health promotion/disease prevention, and most provinces have already established health promotion units.

ROLE OF HEALTH INFORMATION SPECIALISTS

I would suggest that there are five key elements: 1) information provision ; 2) technical support ; 3) education ; 4) research; 5) advocacy.

Information provision, as I understand it, is the traditional role. This role will continue. There have been a number of health promotion initiatives such as the consumer health collection at McGill designed to enhance your role in this area. I also note some relevant presentations at this conference such as the one from the Rockyview Hospital in Calgary. You may wish to consider accumulating and providing such information, such as Health Promotion Magazine, and newsletters including the Knowledge Development Newsletter and those newsletters produced by the Healthy Communities and Strengthening Community Health projects--all of which are free of

charge, as well as publications such as WHO Health Promotion International. You should also try to accumulate materials from a wide range of policy areas with implications for health, such as the environment and education fields or to be aware of how this material can be located by your clientele. You might consider displaying pamphlets and other health promotion materials.

As for **technical support**, Joanne Marshall and her colleagues at the University of Toronto in their recent study of Health Information Services in Ontario Public Libraries pointed out that "health sciences librarians are able to provide assistance in accessing and evaluating health materials for public libraries..." (Marshall et al., 1989) I would suggest that you keep in mind a broad definition of health to include sectors other than the traditional health care sector and that you share your expertise with others, such as myself who are neophytes in the field of information technology. In addition, you may wish to consider providing technical support to health promotion workers who are doing social marketing and need access to health promotion evaluation literature. I would encourage your Association to support the health promotion database of Bob Jackson from Ryerson. There are problems in locating health promotion literature in existing databases, such as MEDLINE which is based on a medical disease model. By solving these problems, we could play a leading role in the development of health promotion literature.

The third element of your role, **education**, refers to what you might do to develop the skills of groups such as public librarians. Professional organizations such as yours might help organize " ongoing workshops and other forms of continuing education for public librarians dealing with the provision of health information"(Marshall et al., 1989). If you do so, I stress the broad definition of health and the factors that influence it and key issues such as "poverty and health" which need to be addressed if we are gong to achieve health for all.

As for the **research** element of your role, studies such as the one conducted by Joanne Marshall are extremely valuable. In addition to carrying out original research you may be in an ideal position to synthesize research findings in diffuse areas such as health promotion and healthy public policy.

This brings me to the last element of your role, **advocacy.** In organizations with their own agendas, it is often difficult and potentially dangerous to become advocates for particular causes, especially if they are not central to, or are in conflict with the interests of the organization. However, the health issues that face us today should be important to all health organizations and at the very least, you might draw this to the attention of those with whom you work. Since you wear multiple public and private hats, including being a member of the Canadian Health Libraries Association you might consider using those hats to advocate for policies and programs that are health enhancing rather than health compromising.

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FROM THE HEALTH SCIENCES RESOURCE CENTRE

Dianne Pammett

Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

H.S.R.C.'S REFERENCE SERVICES

The Reference Service offered by the Health Sciences Resource Centre of CISTI is available to libraries, companies and individuals across the country. Foreign requests for Canadian materials are also answered by HSRC. The Reference Service is divided roughly into four types of service:

- Customized Literature Search Service in Medicine
- Current Awareness Service via Selective Dissemination of Information (SDI)
- answers to health related reference questions, or referral to organizations or experts in the field for further assistance
- assistance to requesters in accessing CISTI's collection of journals and monographs in the health sciences

CUSTOMIZED LITERATURE SEARCH SERVICE IN MEDICINE

A literature search can be performed on request in a health-related topic using online databases or printed indexes. In the last fiscal year (1989-1990) approximately 15% of the reference workload fell into this category. However, the time spent on each search topic varies from 45 minutes to several hours. There are charges for literature searches, and as with all reference requests, the nature of the information requested and retrieved remains confidential.

CURRENT AWARENESS SERVICE

A **MEDLARS SDI (Selective Dissemination of Information)** profile can be established for non-**MEDLARS** subscribers on any of the seven (7) **MEDLARS** databases. The requestor is thereby provided with current references in his field on a monthly basis at a reasonable cost.

MEDLARS subscribers can ask for assistance in formulating an SDI strategy, entering an SDI online, and removing unwanted SDI's.

REFERENCE QUESTIONS

Health-related reference questions are received from **MEDLARS** subscribers and non-subscribers alike. These questions cover issues from health care technology, environmental health, home care versus institutionalization to the side effects of various drugs and chemicals. In the last fiscal year (1989 - 1990) almost 70% of these types of questions came from individuals, companies and hospitals, all of whom have exhausted their own resources. Some questions can only be answered by an expert in the field. In these cases, initial contact is made by

HSRC staff before the requester is referred to the expert. Other questions require **HSRC** staff to locate a specific table (or paragraph) containing the requested data. Often the requestor can provide no lead whatsoever as to the possible location of the information he needs.

CISTI'S COLLECTION

Questions about **CISTI's** collection, other **CISTI** services and how to access them are frequently received in **HSRC**. Replies range from instruction on completing Interlibrary Loan/Photocopy requests, or use of **Index Medicus**, to locating a specific issue of a journal in the stacks.

In all aspects of our Reference Service, **HSRC** staff aim to provide prompt and thorough responses to an apparently unlimited variety of queries. As in any library situation, there are periods when the workload exceeds staffing capacity, and delays are inevitable, In these instances, the requestor is advised of a time-frame in which to expect an answer.

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE

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Institut canadien de l'information scientifique et technique
Ottawa, Ontario

Service de référence du CBSS

Les bibliothèques, les entreprises privées et les particuliers peuvent se prévaloir des Services de référence offerts par le Centre bibliographique des sciences de la santé de l'ICISTI. Le CBSS s'occupe également des demandes de documentation canadienne provenant de l'étranger. Le CBSS assure la prestation des quatre principaux types de service suivants:

- service de recherche documentaire sur mesure en médecine,
- service d'information courante par l'entremise de la diffusion sélective de l'information (DSI),
- réponse aux questions de référence dans le domaine des sciences de la santé ou la direction des clients vers d'autres organismes ou spécialistes pouvant leur venir en aide dans un champ d'activité,
-aide pour faciliter l'accès à la collection de revues et de monographies en sciences de la santé.

Service de recherche documentaire sur mesure en médecine

Une recherche documentaire peut être effectuée sur un sujet avant trait aux sciences de la santé dans des bases de données en direct ou des index imprimés. Au cours du dernier exercice financier (1989-1990), cette catégorie de service constituait environ 15% du travail. Toutefois, il faut ajouter que le temps passé sur chaque sujet de recherche peut varier de 45 minutes à plusieurs heures. Les recherches documentaires comportent des frais et comme pour toutes les demandes de référence, la nature de l'information demandée et extraite demeure confidentielle.

Service d'information courante

Pour les personnes qui ne sont pas abonnées au **MEDLARS**, un profil de DSI peut être rédigé qui leur permet de recevoir à tous les mois, moyennant un prix raisonnable, les références courantes extraites de l'une ou l'autre des sept bases de données du **MEDLARS** dans leur champ d'activité.

Les abonnées du **MEDLARS** peuvent obtenir de l'aide dans la rédaction, l'introduction en direct ou la suppression d'une stratégie de DSI.

Questions de référence

Nous répondons aux questions de référence en sciences de la santé, que la personne soit abonnée ou non au **MEDLARS.** Il peut s'agir de questions allant de la technologie des soins de santé, l'hygiène de l'environnement, les soins à domicile par opposition au placement en établissement, jus-

qu'aux effets secondaires de divers médicaments et substances chimiques. Au cours de la dernière année financière (1989-1990), près de 70% de ces types de questions étaient posées par des particuliers, des entreprises privées et des établissements hospitaliers qui avaient tous épuisés leurs ressources. Certaines questions ne peuvent être résolues que par des spécialistes du domaine. Dans ces cas, les premières démarches sont entreprises par le personnel du CBSS avant d'adresser le client à un spécialiste. Il arrive parfois aussi qu'on demande au personnel du CBSS de localiser un tableau ou un paragraphe précis contenant les données voulues. Souvent le client n'a aucune idée où trouver l'information dont il a besoin.

Collection de l'ICIST

On pose souvent au personnel du CBSS des questions sur la collection ou les services de l'ICIST et la façon d'y accéder. Le personnel peut répondre à ces questions en indiquant comment remplir les demandes de prêts interbibliothèques ou de photocopies ou utiliser l'**INDEX MEDICUS** pour localiser le numéro particulier d'une revue sur les rayonnages, etc.

Pour tous les aspects du Service de référence, le personnel du CBSS vise à répondre rapidement et exhaustivement à une variété apparemment illimitée de question. Comme dans toute autre bibliothèque, il arrive que le personnel soit débordé, entraînant des délais inévitables. Dans ces cas, on indique au client le temps qu'il devra compter avant d'obtenir une réponse.

NEWS AND NOTES

PEOPLE ON THE MOVE

The Board of Directors of the Health Science Information Consortium of Toronto is pleased to announce the appointment of **Joan Leishman** to the position of Consortium Executive Director. Ms. Leishman has , since 1981, been responsible for the C-I-L Research Centre Library at Sheridan Park. Prior to that she was an Administrative Officer with the Offices of Library Coordination of the Council of Ontario Libraries and also has several years experience with the North York Public Library System. She has taught in the Library Techniques Program at Sheridan College and is a graduate of the Faculty of Library Science of the University of Toronto. She will take up her duties on September 24.

Ross Gordon has been moved into the role of Acting Chief Medical Librarian at the Sir Mortimer B. Davis Jewish General Hospital in Montreal, as of July 13, 1990. Arlene Greenberg, the regular librarian at this hospital is on a one year leave of absence. Mr. Gordon was the Circulation technician and received his MLIS in June 1990. He would like to hear from other librarians and technicians who have experience in automating their libraries. They are currently in the process of introducing INMAGIC for the automation of cataloguing and circulation records. ILL and orders are already automated on a FOXBASE program and they have just recently begun using SMS DAVEXPC program for serials.

This August **Linda Harvey** retired from her position as Head of Public Services at the W.K. Kellogg Health Sciences Library at the Dalhousie University, twenty seven years after starting her first position at Dalhousie's Macdonald Science Library. During her years of service at Dalhousie Linda was active on executives of numerous local, provincial and national associations and was well known and respected by the health librarian community. Linda also worked at the Royal College of Nurses Library, the Library of the Pharmaceutical Society of Great Britain, and at the Department of Interior Library in Washington during study leaves. She was very much involved in raising the status of the university librarians via the Dalhousie Faculty Association. Linda was very service orientated and helped pioneer the Kellogg's outreach services to Atlantic provinces' health professionals. Those of us who worked with her found her a delightfully relaxed colleague and she will be missed. Linda, her husband Joe, and their three layabout Siamese cats were last seen heading for the west coast in a VW full of exotic orchid and rhodendron plants. They will fulfil a dream of cultivating rare plants commercially in the Sooke area. We wish them well

Jim Henderson is taking a year's "leave" from Woodward Library to study and set up information services for a network of researchers studying bacterial disease using molecular biological techniques. he will be finding out how researchers in the network, which stretches from Victoria to Quebec City, communicate at the beginning of the project. How their collaboration (and, hopefully, the information services he will set up) has affected their communication will be determined by repeating the survey at the end of the leave. Hew would

be pleased to hear from anyone would like to know more or, especially, anyone who has some bright ideas.

CHAPTER NEWS

NAHLA

The **NAHLA** Annual General meeting was held August 23, 1990. Leslie Sutherland (NAHLA President 1989) hosted the combination business meeting and potluck supper at her lovely new St. Albert home. The combination of crisp country air, delicious food, interesting music, and good fellowship was enjoyed by all. Notable business items included:

1990 Executive Election Results

PRESIDENT: Linda Slater. Linda is a Reference/Collections Librarian at the John W. Scott Health Sciences Library, University of ALberta.

VICE PRESIDENT: John Back (President Elect 1991/92). John is Librarian at the Weinlos Library, Misericordia Hospital in Edmonton.

TREASURER: Marion Broverman. Marion is a Collections and Reference Assistant at the John W. Scott Health Sciences Library, University of ALberta.

SECRETARY: Theresa Burwell (continuing 2nd term). Theresa is the Librarian at the Agnes Macleod Memorial Library, University of Alberta Hospitals, School of Nursing.

NAHLA members and other friends of the late Kathy Sharma (**see BMC 1990; 12(1):39**) are preparing to remember Kathy at a special evening function to be held at the W.W. Cross Cancer Institute, Edmonton in late November 1990. An engraved dictionary stand will be presented in her memory to the Institute's Library. A summary of this evening of tribute to one of NAHLA's founding and most popular members will appear in the forthcoming issue of **BMC**.

NEW MEMBERS

Linda Bumstead, Public Services Librarian at Alberta Health; Library and Inquiry Services ; and Marion Broverman (see above) are welcomed to NAHLA.

POSITION AVAILABLE

HEAD, TECHNICAL SERVICES DIVISION
HEALTH SCIENCES LIBRARY
MEMORIAL UNIVERSITY OF NEWFOUNDLAND

The Health Sciences Library of Memorial University of Newfoundland is seeking candidates for the tenure-track position of Head, Technical Services Division.
This position reports directly to the Associate University Librarian (Health Sciences), and is responsible for the coordination and management of the Division.
The primary responsibility is to ensure the efficient and effective operation of the Division's Cataloguing, Acquisitions, and Serials sections. This includes anticipating and evaluating the technical services needs of the Library. Other responsibilities include: investigation and planning of technological innovations within the Division; some original cataloguing;and participation in the Library's reference, bibliographic instruction and collections development programs. The Division contains one librarian and nine FTE support staff.
The Health Sciences Library serves the faculty, staff and students of Memorial University's Faculty of Medicine, and Schools of Nursing and Pharmacy, and acts as the library for the General Hospital. The Library is also mandated to support the information and resource needs of all health care practitioners in the Province of Newfoundland and Labrador.

QUALIFICATIONS: An MLS or BLS from an accredited programme accompanied by management and supervisory experience is required. A minimum of two year's experience in technical services, preferably in the health sciences, is a prerequisite. Strong interpersonal and communication skills are necessary. Knowledge of the SPIRES DBMS, experience with serials, familiarity with microcomputer applications, and an interest in automated systems in a technical services environment are highly desirable.
BENEFITS: Rank and salary will be based on qualifications and experience. Floor salary for Librarian II is $32,648. This position carries and administrative stipend of $2,500. Benefits include a minimum of 25 vacation days and eligibility for sabbatical and study leaves. Tenure-track positions include a generous moving allowance.

Deadline for applications in November 23, 1990. Interested persons should forward their resume and the names of three references to:

L. Barnett
Acting Associate University Librarian (Health Sciences)
Health Sciences Library, Health Sciences Centre
Memorial University of Newfoundland
St. John's, Newfoundland
A1B 3V6

Memorial University is committed to the principle of equity in employment.

POSITIONS AVAILABLE

ASSOCIATE UNIVERSITY LIBRARY (Health Sciences)
HEALTH SCIENCES LIBRARY
MEMORIAL UNIVERSITY OF NEWFOUNDLAND

Memorial University of Newfoundland seeks applicants for the position of **Associate University Librarian (Health Sciences)**, with primary responsibility for the overall direction and management of the Health Sciences Library.

The Health Sciences Library supports the educational, research and clinical needs of the University's Faculty of Medicine, Schools of Nursing and Pharmacy,the General Hospital, and the affiliated hospitals. The Library is a primary resource centre for all health practitioners in the Province and other users as may require access to this material.

The Library has an annual budget over $1,000,000 and a collection of approximately 90,000 volumes. The staff includes 7 professional librarians and 25 FTE support staff. The Library has been aggressive in its acquisition of technology, including electronic databases for end-user searching and the development of a computer assisted learning facility. Over 90% of the Library's collection has been converted into machine-readable format and is searchable using a main frame or CD-ROM based OPAC system..

DUTIES AND RESPONSIBILITIES: This administrative position is part of a senior management team and reports to both the Dean of Medicine and the University Librarian. Responsibilities include: budgetary and personnel matters; managing library operations and collection development; providing leadership in innovative and technological developments; working closely with various departments in the development of programs and services; representing the Health Sciences Library at the local,regional and national level.

QUALIFICATIONS: A Library Science Degree from an accredited library school; professional library experience supported by a record of successful and innovative management preferably in an academic health sciences library setting; strong oral and written communication, analytical and interpersonal skills; commitment to the design, development and provision of information services.

BENEFITS: Rank and salary will be based on qualifications and experience. The position carries and administrative stipend of $5,000.

In accordance with Canadian immigration requirements, this advertisement is directed to Canadian citizens and permanent residents. Memorial University is committed to the principle of equity in employment.

Please submit resume and names of three reference to:

Dr. Jorge Segovia, Search Committee Chairman
Community Medicine, Health Sciences Centre
Memorial University of Newfoundland
St. John's, Newfoundland, A1B 3V6
(709) 737-6693

The position is available immediately;the closing date for applications is November 30, 1990

TERM POSITION

VALLEY HEALTH SERVICES ASSOCIATION
KENTVILLE, NOVA SCOTIA
CIRCUIT RIDER LIBRARIAN

Valley Health Services Association, regional hospital for the Annapolis Valley region of Nova Scotia and home base for the Circuit Librarian program, operating in the region, requires an experienced Medical Librarian to replace the present incumbent for a period of thirteen months beginning June 1, 1991 and ending June 30, 1992.

The Circuit Rider Librarian travels weekly to two other hospitals in the Valley. Valley Health Services provides mental health services, and drug and alcohol abuse services to the region.

QUALIFICATIONS: Applicants must have a degree from an accredited Library School plus 3 years work experience, preferably in the health care field. The applicants should have some online searching experience, in using microcomputers, and software applications of WordPerfect 5, DBASE IV, and CROSSTALK. Good interpersonal communication skills are important; the ability to work independently with minimal direction is essential.

RESPONSIBILITIES: The incumbent is responsible for planning, operating, and evaluating the Circuit Rider Librarian program. Circuit hospitals provide some clerical support. As a department head in the three hospitals, the CRL manages the library budget for all hospitals and attempts to coordinate the purchase of books and subscriptions within the hospitals.

Salary commensurate with experience. Travel expenses reimbursed. Please submit resume and names of three references to:

Joyce Kublin
Librarian
Valley Health Services Association
186 Park Street
KENTVILLE, N.S.
B4N 1M7

Meetings/Workshops

OHLA/CHLA TELECONFERENCE SERIES, presented through Telemedicine Canada

Series Moderator: Jennifer Bayne
Day and Time : Tuesdays 11:00 -11:45

11 September 1990	Hospital Library Networking: The Hamilton Experience	Linda Paton
02 October 1990	Volunteers in the Medical Library	Mary Gilles
23 October 1990	Managing the Visual Arts Slide Library: A Model for other Disciplines	Brenda MacEachern
13 November 1990	Resources in Geriatrics for the Hospital Library	Madeline Grant
04 December 1990	Update on Revisions to Canada's Copyright Act with Additional focus on Audiovisual Materials	Judith McAnanama
22 January 1991	Database Management	Dorothy Davey

CHLA CONFERENCE 1991!

Keeping in step with their conference theme **"New Directions"**, the Hamilton Conference Committe is working hard to plan an innovative program. Highlights you can look forward to include the follwing:

* Keynote Speaker, Charles McClure (School of Information Studies, Syracruse University) on Evaluation of Library Services
* in-depth presentations by several of the 13 vendors confirmed to date.
* joining an interest group of your choice for lunch and discussion
* surviving a Mac attack!- not a gastronomic feat but a much more palatable overview of McMaster University's innovative health information activities.
* Bernie Todd-Smith from Rochester General Hospital on strategic planning and innvoative ways to promote your hospital

CIRCLE JUNE 15-20, 1991 ON YOUR CALENDAR AND WATCH BMC FOR MORE NEWS

NEWS FROM MLA

News from the State of New York

Reprinted with the kind permission of Mary Anne Trainor, Editor, UNYOC NEWSLETTER (Summer/Fall 1990;44:5).

RESOLUTION 90-65

Elimination of the Hospital Medical Library

Resolved, That the Medical Society of the State of New York immediately inform the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Health Care Financing Administration (HCFA), the New York State Department of Health, and other concerned parties of its objections to the elimination of the requirement (minimal standard) that hospitals maintain appropriate medical library services in order to be eligible for federal funding; and be it further

Resolved, That the MSSNY make medical educators, hospital medical boards, hospital trustees, and hospital administrators in the State of New York aware of this ill conceived, regressive plan and urge them to contact the proper authorities (a list to be supplied by MSSNY) with a request for immedicate reconsideration of this potentially disasterous action; and be it further

Resolved, That the New York Delegation introduce a similar resolution at the Annual Meeting of the AMA House of Delegates in June 1990.

N.B. A similar resolution was introduced at the AMA Annual Meeting. However, because spokespeople for the JCAHO assured delegates that hospital libraries would continue to be integral to the accreditation process, it was not thought necessary forthe AMA House of Delegates to pass a resolution.

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